

1. Screening for DM → **Random blood glucose**
2. In screening for DM complication as retinopathy → **At time of diagnosis**
3. When to screen diabetic patient with microalbuminuria → **At time of the diagnosis and yearly**
4. 50 year old woman, BMI 30, fasting glucose 160/150 in two occasion after 8 weeks it was 140/130 → **Metformin**
5. Pre diabetic first line of ttt is → **Diet and exercise**
6. Diabetic type 2 HbA1C=10.8 and on sulphonylurea → **Initiate insulin**
7. Drugs of DM causing weight gain → **gliclazide**
8. Regarding coronary artery disease → **Aspirin**
9. Difference between alzahimer and lewy bodies → **Antrograde memory loss**
10. Finger to nose irregular , Babinski sign & bilateral leg weakness → **MRI with glonedial**
11. Cold, arthralgia , dysphagia → **ANA**
12. Female patient, 40 min morning stiffness + chronic arthritis → **Rheumatoid arthritis**
13. Acromegaly symptoms → **Bitemporal Hemianopia**
14. Female patient with seizures, after 1 year of ttt with AED, she was normal intelligent + normal neurological + normal EEG and need safe withdrawal of the drug → **Stoppage of antiepileptic drugs 1 year**
15. Analysis , erythematous rash → **SLE**
16. Oral ulcers → **SLE**
17. Case of TIA → **Amaurosis fugax carotid US**
18. Doctor with essential tremors → **propranolol**
19. Female with nausea, vomiting, diarrhea for 5 months → **Addison's disease**
20. Bronze scar and hypotension , comment on electrolytes → **Low Na**
21. Hyponatremia + increased creatinine → **Addison**
22. Bronze scar → **Addison**
23. Diagnosis of Addison → **synactin test**
24. Nausea, vomiting, vague abdominal discomfort, hypotonia, high creatinine → **Synecthen test**
25. Female treated for hypothyroidism asymptomatic but decreased TSH → **decrease dose of levothyroxine**
26. Old male with vertigo on midnight → **cerebellar damage or blurred vision**
27. Cushing → **pituitary or adrenal tumor**
28. Severe pain as acidic pain → **Thalamic syndrome**
29. Acromegaly treated by → **Transphenoidal surgery**
30. First line of treatment of a diabetic case → **lifestyle modification**
31. Chronic arthritis in the thumb → **gouty arthritis**
32. Headache and tenderness in the scalp → **giant cell arteritis or temporal arteritis**
33. Case of septic artheritis first investigation is → **joint fluid aspiration and culture**
34. Suspicion of malignancy in old age with bleeding per rectum and 10 kg weight loss → **upper and lower gi endoscopy**
35. Elder with weight loss Hb was 13 then became 8 → **Upper and lower gi**
36. Nelson syndrome → **after bilateral adenectomy**
37. polyuria with no glycosuria → **water deprivation test**
38. Polyurea, polydipsia, na=145, serum osm high, urine osm low → **DI**
39. woman with frequent urination during a highway ride, after injection with vasopressin the urine osmolality reduced by more than 50% → **Central diabetes insipidus**
40. DKA → **fruity odor of mouth and coma**
41. Head trauma and the CT shows crescent shaped hemorrhage → **subdural hematoma**
42. loss of conscious after vomiting → **Subarachnoid he**
43. Patient with acute onset headache then loss of consciousness → **Non-contrast CT**
44. The best for intracranial hge → **Non contrast CT**
45. Most common cause of stroke → **HTN**
46. left facial paralysis +upper limb paralysis "sensory +motor" with preserved right side of the face +lower limb → **right middle cerebral artery**
47. Female with severe headache + galactorrhea appropriate investigation is → **serum prolactin**
48. Weakness + pain +stiffness <1 hour + x ray finding → **sacroilitis with sclerosis**
49. Old man + cataract + wide base gait → **Visual disturbance**

50. Patient with COPD → **Influenza + Pneumococcal 5 years → Influenza vaccine yearly**
51. His wife complains that he is kicking her during sleep and he feels that ants are crawling on his legs → **restless leg syndrome with periodic**
52. Toxic tender pain full goiter → **Dequervan**
53. Absent blinking in the right eye → **Rt facial palsy**
54. Can't raise hands or climb stairs → **Polymyositis**
55. → **Idiopathic parkinsonism**
56. Normal urate levels → **Pseudogout**
57. Hyponatremia → **SIADH**
58. English teacher forget a little bit some things → **Mild cognitive impairment**
59. thyroid nodule 1-2 cm, normal TSH → **Fine needle aspiration**
60. treatment of hypercalcemic crisis → **Saline**
61. patient with tuberculosis, Hyperpigmentation → **Morning ACTH & cortisol**
62. Patient complain of Bone pain and hair loss, which vitamin toxicity → **Vitamin E**
63. regarding aspirin in CHD → **Low dose aspirin is given for all people with risk of CHD**
64. Pain and swelling in the first metacarpal → **Gouty artheritis**
65. UTI + sudden numbness and weakness in the lower limbs → **GBS**
66. Intact corneal reflex in both eyes, only the left eye blink → **Right facial palsy**
67. left face numbness, left arm weakness → **Right middle cerebral artery**
68. Band like headache → **tension headache**
69. DEXA scan is -2.9 with vertebral and Colles' fracture → **Severe Osteoporosis**
70. In complex partial seizures, automatism → **lip smacking and chewing**
71. Malaria → **Thick and thin blood film**
72. Male with painful swollen knee and history of 1 year big toe pain → **Gout**
73. Right arm numbness without weakness, painful eye and reduced visual field → **MS**
74. Weakness in both lower and upper limb and unable to go upstairs → **polymyositis**
75. Proximal muscle weakness → **Myasthenia gravis**
76. Orthostatic hypotension → **with GBS**
77. To assess daily functions of a 89 year old male → **stand up from chair and return again after 23 second**
78. Patient with diabetes and osteoporosis, best to predict patient dependence daily activity on assessing falls → **23 time goes up and down**
79. Headache, projectile vomiting, confusion → **Iv dexamethasone**
80. patient with left drooping of food and normal eye corrugation → **RT UMNL 7th CN**
81. Smoker, HTN, 3 episodes of visual loss and returns to normal → **Duplex antiplatelet**
82. MS (افتكر دائما ان اهم حاجه انها بتروح وترجع تاني) more than episode ??
83. Lewy body dementia msh akeed kan 3ndo aktr mn mra TIA so the answer maybe ( multiinfarction dementia )
84. Basophilic stippling → **lead poisoning**
85. Ptosis + diplopia + dilated fixed pupil → **lesion in oculomotor**
86. History of upper respiratory tract infection, Urine retention, extensor plantar reflex ( +ve Babinsky ) absent biceps reflex loss of sensory below T5 with normal sensation above the level → **Transverse myelitis**
87. Patient with recurrent sinusitis, kidney failure → granulomatosis **with polyangiitis ( WEGNER )**
88. Light goes towards inferior lateral portion of the cornea, which cranial nerve damaged ? → **fourth**
89. Children with problem in eye → **the 4<sup>th</sup> cranial nerve**
90. 65 years old male had difficulty swallowing + chest pain + lost 7kg → **barium meal**
91. Relief after meals → **duodenal ulcer**
92. 30 years old female, ulcerative colitis → **sulfasalazine**
93. Back pain, urine retention, URTI 2 weeks ago, sensation lost up to T5 progressive weakness in the lower limb → **GB**
94. 35 years old male diarrhea 3-4 weeks, abdominal cramps, nausea no fever no dehydration no bloody stool → **ova & parasite**
95. Female, recurrent syncope → **aortic stenosis**

96. 60 years old male had chronic stable angina (was taking nitrates, ACEI, B.B and aspirin) pain for 3 days , ECG & cardiac enzymes were normal → **admit and heparin**
97. 3 days short of breath, irregular pulse, 14 bpm, absent p wave → **Absent A wave**
98. 40 years old infantile female, persistent abnormal liver function (ast 86 alt 65) and normal bilirubin, albumin, INR, -ve for HBv HCv.. next step? → **anti TTG**
99. ECG (picture) → **SVT**
100. Male patient complaining of shortness of breath, auscultation of chest normal → **(ECG or ECHO)**
101. Female with serum anti TH receptors antibodies → **Graves D.**
102. Young girl had recurrent syncope, her father diabetic and she had hypoglycemia → **Insulin abuse**
103. Male worker had weakness, foot and wrist drop → **Lead poisoning**
104. Cron's disease MCV increased → **Vit B12 def.**
105. Metformin need to be stopped 2 weeks and hold before → **CT Angiograph**
106. Gullian Barre syndrome → **Spinal fluid with high protein**
107. Father who thinks that his daughter got diabetes too and he had it → **insulin overdose.**
108. Deceased MCV, normal ferritin → **Hb electrophoresis**
109. Decreased MCV, Chronic disease iron def. → **Serum ferritin**
110. Increase in waist , round flushed face , → **urinary cortisol**
111. bronchiectases with recurrent chest infection what is the best long prophylaxis → **postural drainage**
112. coarse facial feature with sweerting → **acromegaly**
113. right flank pain radiating to scrotal → **renal stones**
114. 82 years with rh. Arthritis and ischemic heart ds .. chest x ray shows right white lung opacity with trachea shifted to the same side → **Lung collapse**
115. 78 y old with cough and hemoptysis and hyponatremia → **small cell carcinoma**
116. 55 year old male complaining of dysnea and shortness of breath examination to cardio and pulmonary function normal except for decreased diffusion of CO in lungs → **interstitial lung ds**
117. a man complaining of hypertension with heard abdominal bruit → **renal arteriography**
118. Mid oesophagus constriction → **sq.cell carcinoma**
119. Abdominal pain relived by flatus → **irritable bowel syndrome**
120. Abdominal pain with pigmentation in chin of tibia → **crohns**
121. Flank mass with painless hematuria and loss of weight he claims ( because of stress ) → **renal carcinoma**
122. High ALP w high direct bilirubin proper investigation → **MRCP**
123. A patient with refractory HTN with hypokalemia 2.9 and normal Liver function and kidney and CBC → **serum renin and aldosterone level**
124. African with HTN → **CCB**
125. A left arm loss of sensation and weak motor power and weakness of left face only with normal right side and normal lower part of body → **lenticulo striate branch of middle Cerebral artery OR RT middle cerebral**
126. A man with HTN and radio femoral delay → **Co-arctation of aorta**
127. Chest pain radiating between shoulder blades → **aortic dissection**
128. History of polypectomy with right chest pain increasing with inspiration and exercise → **PE**
129. A girl with increase shortness of breath and wheezing during exercise only → **SABA 1h prior to exercise**
130. A patient with progressive shortness of breath physical examination revealed rt.vent heave and tricuspid regurge 2/5 → **Investigation ECHO**
131. Pulsating unilater headache with vomiting and photophobia with family history ( bad headaches ) → **migraine**
132. A patient with sever congestive heart failure with low systolic function the best treatment to reduce mortality is → **ACE inhibitor**

133. a male with impotence with mild arthralgia with transaminases slightly elevated best inv. To detect hemochromatosis → **serum transferrin**
134. When looking to the rt side, one eye abducted and the other eye remain the same → MS
135. 70 years old with recurrent persistent vomiting and kidney failure K 6,6 → **Urgent Dialysis**
136. 50 years old DM review lab test HbAc 7.2 not taking any medication albumin/creatinine (high or 90 ratio msh faker) ratio → **Start with ACE/ARB**
137. 58 years old DM progressive CKD taking ACE normal protein intake regarding his proteinuria what should you do → **restrict his protein dietary intake**
138. 50 years old polyuria for 10 days with daily urine 7 L and 1003 specific gravity urine / potassium osm was 113 and no improve of polyuria after 12 hour admission or given ADH → **Nephrogenic DI**
139. 17 years dark cola like urine good health until 14 day has sore throat and fever exam show bilateral lower limb edema → **Post Streptococcal GN**
140. 72 years old admitted for pneumonia decreased urine output and increased creatine from 1, 7 to 2, and 2 what is the best pre renal confirmation test to do? → **Urinary Na**
141. How can differentiate between pre renal and acute tubular necrosis with test → **FeNa > 2**
142. 30 years on beta blocker and alpha blocker creatine 3,5 it was 2,5 last admission from 3 month ago U/S show unequal size kidney → **renal art stenosis**
143. Urine dipstick show RBC +2 on 2 different occasions → **cystoscopy**
144. Profuse watery diarrhea for 3 month → **Villous adenoma**
145. Protein with jaundice for 2 month no physical exam AST & ALT are normal total bilirubin is increased direct type and Alkaline increased what investigation → **CT Abdomen**
146. He reflect symptoms exaggerated after taking drug product that show symptom of malabsorption → **Hydrogen Level**
147. Which of the following plasma level is below normal → **Urea**
148. Recent exposure to alcohol and no other finding what is the best strategy for pancrease screening → **Lipase & Amylase**
149. Patient with Ascites & Edema what should you do → **Paracentesis**
150. Patient with no finding except he is +ve for bilirubin in urine → **Dubin Johnson**
151. 18 years old Rt L Q abdominal pain tenderness on palpitation for few hours and fever 38 → **Laparotomy**
152. Constipation + straining problem for many years → **hydration for Dietary fibers**
153. Chest pain no cardiac cause sensation of stitching pain on eating both solid and fluids → **Diffuse Eso Spasm**
154. Heartburn for 10 years change of epithelium from squamous to columnar on endoscope → **Repeat endoscope after 12 months**
155. Cirrhosis & massive hematemesis he is hemostable and still bleeding → **Band ligation**
156. Which of the following regarding biliary cirrhosis is correct → **haga kda is frequent with biliary cirrhosis**
157. Typical angina chest pain
158. Central SQ pain + many factors of CAD which is unmodified factor → **Familial**
159. >2hours with ST dep which marker will be increased → **Troponin**
160. Cardiac MRI?
161. 1ry PCI?
162. Rapid regular palpitation and 90/60 ECG show Narrow QRS → **SVT**
163. Chronic renal failure on dialysis orthopnea + LL edema + Dyspnea what investigation should you perform → **ECHO**
164. 60 outpatient with short of breath on mild effort gave history of white sticky cough CXR show cardiomegaly what to exclude? → **Pneumothorax**
165. Fever + arthralgia + pan systolic murmur his knee join has swelling and renal failure → **fleeting arthritis**
166. Unintentional movement of chorea → **late manifestation of chorea**
167. Patient lesa 3amel 2astra and cardiac echo reveal s3 + Bilateral basal crepitation → **Diuretics**
168. 65 marked shortness of breath lasted for 1 year with pan systolic murmur → **MR**

169.60 years old checking BP what is the stage to confirm hypertension → >140/90

170. Antihypertensive med of female → ask for ambulatory

171. Pregnant with LL edema and heart problem → Labetalol

172. 17 years loss of conscious while playing football and there was difference in pulse  
→ Cortication of Aorta

173. 48 female, 39°C fever, chills, icteric sclera, ill appearing, jaundice. US showed CBD stones gall bladder itself, broad spectrum Abs..... ERCP

174. 19 female London jaundice fever inc. ALT AST 6 months, no hepatotoxic drugs, hypergammaglobulinemia, A B C negative SLE negative..... Confirm liver kidney microsome

175. Inc. amylase in acute fem?? ..... hyper triglyc...

176. .... cholesterol gall stones (surgical ileum)

177. 40 UC cancer colon ..... Pan colitis

178. 36 male indigestion, heartburn for 1 year especially after heavy meal, unremarkable  
..... serology for H.pylori

179. 28 chronic diarrhea suspect laxative abuse ..... abnormal osmotic gap

180. 54 known alcoholic cirrhosis ascites fluid lymphoma ..... TB

181. 37 Recum abd pain defecation, unremarkable enalapril 2.5 total 0.2 ??? ..... reassume

182. HCV fever biopsy infiltration of Portal tract destruction hepatocytes..... HCV good response is associated with low burden of HCV

183. 45 unwell wt loss palpitation 2 wks smoker grandma hypothyroidism tremor,---, lid lag, tender goiter unremarkable inc.T4 dec.TSH .... De quirven Subacute

184. 50 female palptation maternal underactive thyroid but pulse 96 inc.T4 normal T3 dec.TSH .... Factitious

185. 51 osteoporosis hysterectomy FNF BMD -2.7 .... Bisphosphonates

186. 18 female sweating dizziness type 2 father glucose 34 to 32 , insulin 15mg/ml prion.?! 22% C-peptide 0.15 .... Insulin abuse

187. 22 condrua?! Collapse, LOC, chocolate prevent symptoms no exacer. Problems BMI 4Kg higher, pulse 72 cardiac .... Prolonged fast

188. 40 tired weight gain trans-sphenoidal pituitary tumor , cortisone OCP dec.TSH residual fatigue .... GH

189. 20 wt gain depression derma acne tetracycline difficulty getting out of bed, (myopathy), 32 BMI ..... Cortisol urine free

190. 45 female abd pain vomiting known hypothyroid, BP low normal, pulse tachy, Na+ inc. K+ high ..... hydrocortisone

191. 26 female 3 months lethargy wt los 60 unit of insulin then dec. dose, purple yellow on abdomen..... Cosyntropin test

192. Possible subarachnoid to confirm ..... CT without contrast

193. 41 female terrible headache, stressed right sided .... Cluster headache

194. 40 low back pain numbness no boy?! Bladder, weak walking 4/5 sensory—pinbrick touch touching distribution to mid-calf T2 (Guillain-Barre) ..... CSF analysis

195. 30 female progression progressive unilateral numbness without weakness, Fluoxetine 6 ago 3 visual disturbance no blind spot ... MRI brain

196. 42 .... Dystonia

197. .... Miniree

198. 65 mask face bradykinesia no response L dopa, falling several times ..... progressive supra nuclear palsy

199. .... Motor neuron disease

200. 37 worker inc.weak legs, confusion, bilateral foot drop, wrist weakness CBC basophilic stain..... Lead poisoning

201. 65 man hist malaise shortness macrocytic, comb negative schilling test positive ..... pernicious anemia

202. 30 female fatigue anemia, iron supplement, heavy bleeding 3 days moderate flow menstruate CBC 10 hg ..... ferritin

203. 40 female stitching chest pain inc. with body movement and cough , pain started for 24 hrs no response to nitrates, bp 120/80 pusle 90 equal, 38°C ..... 12 lead ECG

204. 45 female typical chest pain 6 hrs bp 130/80 pulse 80 ECG ST segment elevation at II, III, avf..... Catheterization

205. 52 female regular check-up Bp 160/85 at home 122/82 ..... White coat HTN.



206.77 diabetic female dropping at home when stood up, gradually again stood up.....  
Orthostatic

207.65 marked dyspnea bp 110/70 pulse 80 ECG Q wave V1 to V5 echo LVEF 35% Ramipril  
aspirin furosemide ..... BB

208.65 female dyspnea on mild effort deteriorate over 3 months, diabetic HTN ECG of LVH  
LVEF 65% ..... Ask BNP and pro BNP

209.72 female cataract surgery, antifoilme TTT echo LVEF 35% ..... proceed without  
anything

210.70 male vascular assessment before aorto-femoral bypass, HTN, diabetes, ECG echo  
normal ..... Dobutamine and stress echo

211.60 female chest heaviness 2 hrs diabetic no HTN cholecystectomy exam obese ,  
anxious restless 80/60 pulse 110 echo RV dilatation, sinus tachy cardiac no stress st  
changes ..... CT pulmonary angio

212.15 boy 3 days fever arthralgia pansystolic murmur RT knee warm tender ..... echo  
cardiography

213. Fall after trauma then regain consciousness → CT

214. Follow up HCV → viral load

215. Screening HBV → HBsAg

216. HbA2 high 32 year → B thalassemia trait

217. Murmur radiate neck, what is not found in the history → hemoptysis

218. Fatigue and diplopia + EMG + decreased response to repetitive stimuli → MG

219. MS → MRI

220. Dyspepsia for 6 M took PPI with no response → serum gastrin level

221. Aorto femoral bypass + intermittent claudication → proceed to dobutamine test

222. N/V and fatigue for 5 days, raised AST/ALT → acute HAV

223. Elevated glucose, TG, cholesterol → metformin and diet

224. Non caseating granuloma → CD

225. 70Y heart burn + retrosternal pain + ECG ST depression and elevated troponin → CCU  
and angiography

226. Chest pain for 3M + ECG shows LVH and AF → anticoagulant 3 weeks + cardioversion

227. Case of stable angina → treadmill radioactive isotope

228. Chronic diarrhea and fever + arthritis + skin rash (case of UC) → goblet cell

229. Old female patient + dizziness + shortness of breath ECG show wide spread  
atrioventricular dissociation (heart block) → pacemaker

230. Emergent inv in SAH → CT non contrast

231. 18Y female treated from thyrotoxicosis by RAI → hypothyroidism

232. CSF of bact meningitis → leukocytosis with neu

233. Shortness of breath after orthopedic surgery tachycardia BP 80/60 → CT pulmonary  
angio

234. Refractory heart burn + dyspepsia + endoscope from 6M → 24 hr PH

235. Diagnosis of graves → peritibial myxedema

236. Hyponatremia hyperkalemia → synactin test

237. 2hrs retrosternal chest pain troponin is normal → wait for enzymes

238. Wide base gait → staccato

239. Hyperdense in CT → intercerebral hematoma

240. Old age taking hypoglycemic drug + increased 5Kg → gletazide

241. 70 Y LBP + kyphosis high Cr high urea high Ca → 3ry hyperPTH

242. 60Y old man easy fatigue and palpitation for 6 months, pallor and low ferritin → occult  
blood

243. Ceruloplasmin normal mild elevation in AST/ALP/ALT and BMI 25 → NAFL

244. Pain in forearm increase during night, distribution of median nerve affected → nerve  
conduction studies

245. Preg. Woman elevated amylase → gallstones

246. GDM + OGTT fasting 108 2hr 225 → insulin

247. Female jaundice and fatigue ALP elevated and US was done showing coarse liver →  
AMA

248. Renal dialysis + symptoms of CHF → echo

249. Hemiplegia and facial paralysis, initial inv? → CT

250. Female hirsutism, acen, loss of libido , HTN and gain weight → overnight dexta  
suppression test

251. ACTH + elevated cortisol with cushing picture → adrenal cushing syndrome
252. Femoral delay coarctation of aorta
253. Case fo OA → no diagnostic test
254. TTP triad → plasma exchange
255. Case pneumonia with RR > 24 and consolidation → IV ceftixime and oral amoxicillin
256. Diffuse dull chest pain + mid epigastric pain → echo
257. 6 M breathlessness, he is diabetic and has spinal spondylosis, spirometer FEV1 65%  
FEV/FVC 95% → restrictive
258. TB patient with elevated liver function → INH
259. 60Y female patient → mammography screening
260. Blood transfusion then PT and PTT elevated → give him FFP or vit K or cryo ( msh 3arfeen)
261. RA patient with S4 and multi systemic diseases → echo (msh mot2kdeen)
262. Father with HCV his son use his father razor what is the % of transmission → 1.8%
263. Bangladesh + night sweat and fever → TB
264. Tonsillitis, + cervical lymphadenitis + polymorphus + MP rash → EBV
265. Dyspnea, cough and wheeze low oxygen and high CO2 → COPD
266. Liver transplantation + HBV → antiviral and IG
267. Geriatric assessment → daily activities
268. Male worker in factory + smoker → astha asbestosis or COPD (msh 3arfeen)
269. HTN and ERSD + scleroderma → Lisinopril
270. Bronhiectasis → CT
271. BA → trial ICS
272. Left side chest pain, pneumothorax → chest tube
273. Hemiplegia + aphasia → CT
274. restrictive PFT → kyphoscoliosis
275. 7 days pneumonia after hospitalization →
276. UTI in female patient → E coli
277. 30 min after Blood tansfusion → rash or hypokalemia (msh 3arfeen)
278. HIV patient taking ibuprofen + painful rash (herpes zoster) → acyclovir
279. Cough + sputum + infertility + deafness → kartagner syndrome
280. Pneumocystis jirovecii : The agent most commonly used for prophylaxis is trimethoprim/sulfamethoxazole (TMP/SMX).
281. Brucellosis مايتعملش rash
282. Two-drug regimen consisting of streptomycin and doxycycline
283. or gentamicin plus doxycycline
284. Bronchiectasis ----- postural drainage
285. Ethambital ----- عمي
286. Streptomycin ----- طرش
287. INH ----- peripheral neuropathy
288. Pyrazinamide ----- hepatotoxicity
289. Supra ventriculat tachycardia (Ecg)
290. Stemi/nstemi (ecg)
291. Achalasia = manometry/endoscope
292. All normal except bilirubin high = gilberts
293. Bilirubin in urine but no urobilinogen = ???
294. Normal pressure hydrocephalus (ct)
295. History of urine retention + viral infection + back pain = transverse myelitis
296. Chest pain and leg pain = pulmonary embolism
297. Nsaid + peptic ulcer = ppi full dose 4-8 weeks
298. Viral infection + ascending paralyisis + no urine retenetion = gullian barre
299. Migraine history + bilateral pain in occipital lobe and no improvement = ct
300. Diverticulitis + severe left lower pain = ct abdomen and pelvis
301. Iron anemia and mild esophagitis and full cecum = endoscope with attention to cecum/reassure and give iron therapy
302. CII + megaloblastic anemia = coomb's/bone aspiration
303. De quervian
304. Pain with chewing = temporal arteritis
305. Hbs ag(+), hbc ab(+) = chronic hbv
306. Hemochromatosis diagnosis intial test = transferrin saturation

307. Htn + furosemide + aspirin = ace (enalapril)

308. Htn drug cause bone loss = amlodipine/thiazide/amiodorone

309. Dm + metformin + glicazide = non alcoholic liver disease

310. Addison (tb + hypotension + hyperpigmentation) = cortisol + acth stimulation

311. Crohn disease (hyperaldosteronism) = renin angio tensis ratio

312. Insulnoma - 10 kg wt gain + swatting on morning

313. Central DI polydipsia + urine osmolality 3alyah fash5

314. Pernocous anemia - schilling positive

315. Glicazide drugs cause wt gain

316. Calcium CB - st elevation + normal troponin

317. CT abdomen - painless left lower abdominal and rectal bleeding

318. AMA -- itching + no biliary tree

319. V wave @ JVP --- heart block

320. Hydrochlorothiazide -- drug safe patient from loss bone

321. Normal pressure hydrocephalus ---- dementia + urinary incontinence + abnormal gait

322. Medical vascular ttt

323. FNA -- thyroid nodule + all normal

324. ACEI sechadule with B blocker --- Ejection fracture as8ar mn 38

325. Ct with contrast - aortic desection - BP rt side deferent lt side arm

326. Hypoglycemia - coma patient first detect

327. Octerotide -- first drug to patient have esophageal varices and prepare to endoscope

328. Narrow pulse pressure -- aortic stenosis

329. Contraindicated in taking thrombolysis drugs History of GI bleeding - history of bleeding and anticoagulant

330. Diarrhea watery then bloody → E. Coli

331. Swollen hot tender knee joint + fever → septic artheritis

332. Morning stiffness for 1 hour → RA

333. Joint pain increases with exercise and relieved by rest + morning stiffness → OA

334. Calcifications + chondrocalcinosis → pseudogout

335. Taking broad spectrum Abs then diarrhea → C. Difficile

336. GDM complication → congenital malformation if not controlled

337. Prediabetic complication → CVS complication

338. The most common cause of dementia → Alzheimer

339. Mother slow with rt hand tremors → Parkinson

340. Cerebellar infarction → intentional tremors

341. Increased TAG + low cholesterol → weight reduction

342. Fever + rt hypochondrial pain + food poisoning → HAV IgM

343. T-lymphocyte deficiency → oral thrush

344. 68 years sudden pain in middle back + low PO4 + low Ca + fracture → vit b deficiency

345. Severe sudden headache with convulsions → CT brain

346. 40 years female takes OCP with headache for 3 months + blurred vision nausea and vomiting → increased ICP

347. DM + bilateral numbness + areflexia → peripheral neuropathy

348. Symptoms of cushing → initial step → 24 hours cortisol urine

349. Addison → disseminated TB

350. 45 years menopause + osteoporosis → bisphosphonate

351. MG problem in → NMJ

352. SLE with proteinuria → Renal biopsy

353. Panhypopituitarism with hormone replacement but low GH → GH replacement

354. Lower back pain + morning stiffness → MRI of sacroiliac joint

355. Acromegaly initial → IGF-1

356. High cortisol + high ACTH → Pituitary dependent

357. Optic neuritis then gait abnormality then muscle weakness → MRI with contrast

358. Hyperprolactinemia taking lithium → give thyroxine

359. Levidoreticularis → anticardiolipin

360. Toxic manifestation + increased ACE (sarcoidosis) → diagnosis by LN biopsy

361. Hyperthyroidism taking carbimazole with oral ulcer and tonsillitis → stop drug

362. Lab hypercalcemia with low PO4 and high ALP → PTH level

363. Metacarpal tingling and numbness + manifestation of carpal tunnel → RA

364. Previous history of UC → enteropathic artheritis



365. Lower back pain + tender sacroiliac joint + rash → reactive arthritis
366. Falling the facial deviation on left + left limb wasting → CT brain
367. Previous history of falling then forgetting events → CT brain
368. Most common organism of UTI → E. Coli
369. High ACTH in morning → the cause → pituitary dependent ACTH
370. Ectopic or ACTH → cause of Cushing → high dose dexamethasone
371. Normocytic anemia + CKD → erythropoietin level
372. Immunocompromised for 6 months with renal transplant → acyclovir
373. Gout → uric acid more than 11
374. DM + ankle problem + effusion → Charcot joint
375. Painful external rotation + resistant abduction + tenderness → trochanteric bursitis
376. Pain in temporalis + left sided headache → giant cell arteritis
377. CSF 800 WBCs / Glucose 35 / Protein 15 → TB meningitis
378. DM + glove and stroke → lost ankle reflex
379. Long history of distal weakness + wasting of muscle → LMNL
380. Hypothyroidism on levothyroxine then dry hair and skin → reassure
381. Pregnant + DM → change to insulin
382. Lab high K low Na hypoglycemia hypotension → Addison
383. Screen for SLE → ANA
384. Sickle cell anemia + fever → parvovirus 19
385. Parkinson → basal ganglia + dopamine
386. Painless in hand → NCV
387. Graves → neck bruit
388. HIV + rash → acyclovir
389. Travel then diarrhea → ciprofloxacin
390. Penicillin allergy → give erythromycin
391. HIV → Pneumocystitis
392. High ALP low PO4 low ferritin → Vit D deficiency
393. Pain + fatigue + low Fe → stool analysis
394. Fatigue + pale + HbA2 5.4% → B thalassemia trait
395. Shot in thoracic vertebrae → paraplegia in both legs
396. Headache migraine
397. Epilepsy seizures → EEG
398. Fasciculation + spasticity → MND
399. Hyperproteinuria + lithium → thyroxine
400. Old with erosions → OA
401. Abdominal bruits > Renal Arteriography
402. African HTN patient > Calcium channel blocker
403. Abdominal distention relieved with flatus > IBS
404. Loin pain radiating to scrotum > renal stones
405. Pan systolic murmur > VSD
406. Ascites diagnosis > paracentesis
407. Shortness of breath with exertion & congested neck veins > diuretics
408. Heart failure > no valve lesions with LV ventricular hypertrophy - ejection fraction 55% > diastolic dysfunction.
409. Rheumatic heart disease - viridians
410. Pain in RT leg & RT chest pain > pulmonary embolism
411. Heart failure drug that reduce mortality rates > ACEIs
412. Hemochromatosis > transferrin levels
413. 2/6 of Tricuspid valve lesion > dyspnea
414. Diff of ATN acute tubular necrosis > red casts
415. ECG picture > Atrial flutter
416. Aortic stenosis > basal crepitation
417. Mid systolic murmur aortic area - delayed femoral radial pulse > aortic coarctations
418. Major Criteria of JOHNS > erythema marginatum
419. Shortness of breath & malaise & weight loss > Renal carcinoma
420. Pregnant woman - bleeding during labor then anuria > cortical necrosis
421. Asymptomatic Female with increased bilirubin only > Gilbert syndrome
422. Refractory HTN & hypokalemia > Renin - aldosterone levels (to check if tumor is present in adrenal gland).

423. Chronic diarrhea, red nodules on tibia > Crohn's disease
424. Increased ALP, increase direct bilirubin, normal AST > MRCP
425. 17 years old male diagnosed with nephrotic syndrome > minimal changes
426. Old aged smoker male complains of dysphagia barium swallow showed filling defect > squamous cell carcinoma.
427. Hepatitis B - enlarged liver - portal venous thrombosis > HCC
428. Tearing chest pain radiating to the back > Aortic dissection
429. Female patient Upper abdominal pain radiating to the shoulder > Gall bladder disease
430. 68 years old female - Dyspnea while walking > furosemide & Enalapril.
431. 35 years old female months of heart burn, regurgitate, belching, dry cough, worsen when lay down no melena or dysphagia no weight loss what is the next step > Trial of PPIs.
432. 30 years old chronic persistent diarrhea for 6 weeks which of the following symptoms suggest her pathological causes > nocturnal diarrhea.
433. 22 years old male student 2 months worsening diarrhea mucus and blood he is afebrile > IBD
434. 80 years old female not opened her bowel for 4 days no history of constipation, empty rectum on examination her abdomen is soft and there is mild discomfort in LT iliac fossa what is TTT > Lactulose.
435. 62 years old male rectal bleeding 1 year history of LT iliac fossa no pain, no weight loss > Diverticulosis
436. 60 years man with alcoholic liver disease, upper GIT bleeding due to varicose veins went banding which drug is prophylaxis > B-blocker
437. 18 years old male transient jaundice diagnosed as Gilbert's what is app. Management > discharge after reassurance.
438. 48 female, jaundice, abdominal pain, past history of gall stones, what is the first inv > US
439. 46 male, jaundice, dipstick showed bilirubin and no urobilinogen > Obstructive jaundice.
440. 56 years old male, suspect alcoholic disease, bilirubin 2ml, AST 150, ALT 75, ALP 100, which of the following test is the parameter > AST/ALT > 2
441. 52 female with R. arthritis referred with GB after ALK > 300, AMA +ve. > primary biliary cirrhosis.
442. 18 years old female with tremors, dysarthria, blood test showed K, Na are normal, bilirubin 1.2, family history of liver disease > decrease serum ceruloplasmin.
443. 45 female nephrotic renal vein thrombosis, what is the cause > loss of Antithrombin III
444. 29 years old male estimated GFR 45 which is the most factor causing this > muscle mass
445. 50 years old male went on dialysis, waiting renal transplantation complaining of fatigue, murmur and pallor > Anemia
446. 25 years old male injured in accident RT tibial fracture, and went to graft surgery, and fixation then he found increased Creatinine in urine > muddy brown casts ATN
447. 75 years old female on surgical wards taking diuretics > markedly decreased Na in urine, Urea high, creat. High > pre renal uremia.
448. 5 years old male had two days swelling of legs, scrotum with eczema, asthma > minimal change GN.
449. 45 male, increase shortness of breath with exertion, Orthopnea, went percentis 1 year earlier, ECG low voltage, pericardial calcification in X-ray > Constrictive pericarditis, Kussmaul sign.
450. 30 years female with palpitations with mid systolic click, lab investigation ? > Echo
451. 2 weeks after hospital discharge from MI, 65 years old male concerned about low grade fever, stitching pain, ECG unchanged with no lung abnormality, effect TTT > Anti-inflammatory
452. 75 years old male, intermittent dyspnea on exertion, palpitation, productive cough, low pitched diastolic rumbling murmur > RT-sided Heart disease.
453. 68 female HTN with dyspnea on walking, taking furosemide which drug should be added > ACEIs.
454. 72 years old female not controlled HTN was administered Lisinopril, her Creat. Is elevated after drug administration > Atherosclerotic renal artery stenosis.

455. 47 years old female on clinic after elevated blood pressure , no symptoms but she recently lost her job , blood tests is normal next step ? > **24 hrs ambulatory Blood pressure**
456. 50 years old male with HF complaining of breast enlargement > Spironolactone.
457. 60 male Ant.MI 3 months ago , currently he is asymptomatic , normal vital signs , he is currently on antiplatelete and ACEIs what drug should be added > B-blocker
458. 76 years old woman 2 weeks of nausea , vomiting . Also fatigue with yellow sclera had hollow colored objects > Digoxin toxicity
459. 78 years old male , episodes of syncopes within several hours his P-wave is unrelated to Q-wave and P-R is random and variable > 3rd degree heart block.
460. 34 male known to have mitral stenosis went valve replacement , he went on dental extraction > **دكتور نجوي قالت انها جابت السؤال ده في كل الراوندات ومفيش حد جابو صح**
461. 44 years old female , 2 month history of fatigue , shortness of breath and lethargy , no cold intolerance , no weight changes , on examination she was slightly **pale , she is vegan . MCV 75 , Ferritin low > Iron def. Anemia**
462. 66 years old male , 3 months of weakness , tingling in limbs and sore throat , 5 kg weight loss in 2 weeks , blood smear showed macrocytic anemia , **schilling test showed impaired B12 absorption > intrinsic factor Antibodies**
463. 29 years old female presents with 1 week of rash on her legs , heavy periods lasted for 7 days , she has no recent illness and no medications , examination showed non blanching purple macules on her leg , lab tests reveal normal KFT and LFT , CBC showed plat. **Count of 27,000 , the rest is normal > Immune - Thrombocytopenic purpura.**
464. 22 years old woman with 1 day history of painful leg which is erythematous and tender , she had this problem twice in few years , her family had this problem also , her grandfather died **of pulmonary embolism. > factor V leiden mutation.**
465. 5 year old girl presents with small petechiae and ecchymosis on her skin , on examination she had tender sternum and hepatosplenomegaly > **Direct microscopy of bone marrow cells.**
466. 65 years old man presents with chronic history of headaches and occasional dizziness , he experiences **pruritus after hot showers and bath** , BP 160/85 > **Polycythemia vera.**
467. 60 year old **man with metastatic adenocarcinoma of the lung , who has finished two cycles of palliative chemotherapy , presents with 2 days fever and lethargy > start empirical broad spectrum antibiotics.**
468. 3rd year medical student fails to use proper disinfection techn in labs he had spiking fever and cramping abdominal pain with diarrhea > salmonella typhi.
469. 42 male , 3 weeks shortness of breath , dry cough , fever , malaise , he mentioned he has been HIV for 10 years , on examination , fine crackles in lung , Cxr **showed bilateral peri-hilar shadowing > pneumocystis jiroveci**
470. 56 years old male with 1 month history of low grade fever , productive cough with blood tinged sputum , he has recently returned from India , **night sweats > TB**
471. 23 yrs female returned from India 1 day ago , profuse watery diarrhea , suddenly stool is profuse and colorless , her pulse 110 Bpm, GIT and cardio unremarkable > cholera
472. COPD vaccination > **Annual influenza + pneumococcal every 5 years.**
473. 38 years old female developed shaking chills few hours and fever , she complains fo Rt lower extremity pain and bright red **skin discoloration from her ankle to knee 123 bpm. And WBC 22,000 no history of allergy > ciprofloxacin orally**
474. 29 years old female , 14 weeks pregnant , came to ED with an exacerbation of asthma , she settled salbutamol and you want to see her before discharge she told **you the most common trigger is grass pollen > arrange a course of pollen desensitization injections**
475. 42 years old with Rh.arthritis presented with increasing dyspnea and non-productive cough , CXR revealed diffuse reticular opacities and **PFT revealed restrictive pattern > Caplan's Syndrome.**
476. 60 years old male , 40 per day smoker , shortness of breath , he had productive cough , wheezing throughout his chest , PFT revealed reduced FEV1/FVC , little **response to salbutamol , CXR revealed increased pulmonary vasculature and hyperinflation > COPD**

477. 65 old male , retired from cement manufacturing company , shortness of breath , fatigue , progressive cough resistant to antibiotic TTT , CXR showed small multiple lesions of upper Lt lobe of LT lung , TB test was negative > silicosis
478. 52 years old , returned from a cruise , fever , headache and myalgia with diarrhea and vomiting , dry cough , occasional haemoptysis and dyspnea , elevated WCC and CRP , hyponatremia , and deranged LFT > Legionella pneumophila
479. Which of the following markers useful for monitoring of patients with COPD > FEV1/FVC ratio
480. 66 years old , complaining of dyspnea , pleuritic pain in RT side > pulmonary Embolism
481. A child died from heart disease , his family had the same condition > hypertrophic cardiomyopathy.
482. 32 years old , burning sensation after eating > H.pylori test
483. MS > echocardiogram
484. 22 years old , complains of diarrhea for 4 weeks , tenesmus and blood > colonoscopy and biopsy
485. 78 years old , fever , left lower pain with bleeding > diverticulitis
486. Anemia , infection of diverticulosis > CT- contrast is contraindicated
487. 40 years , abdominal swelling , spider naevi , portal HTN > paracentesis
488. Abdominal pain , inferior angle of scapula > gall bladder
489. HBs+AG > Chronic infection
490. Primary biliary cirrhosis > AMA
491. Haemochromatosis > Serum ferritin levels
492. Upper respiratory , hematuria > IgA nephropathy
493. 2ry varicocele > renal carcinoma
494. Polycystic kidney disease > US
495. Hyponatremia , hyperkalemia , increased urea , and myoglobin > Rhabdomyolysis
496. Ruptured aortic aneurysm > ATN
497. Prognosis of HTN is estimated by > end organ damage
498. 55 years old diabetic BP 140/90 > ACEIs
499. CNS manifestations > Wilson disease
500. The most common cause of AKI with Eosinophilia > Acute interstitial nephritis
501. Overdose diuretic > pre-renal acute kidney injury.
502. 44 middle female , fever , pallor , malaise SOB petechia rash , bruises on arm , CBC: pancytopenia , large spleen > Reticulocytic count
503. 42 female painful rash , diabetes , chronic HCV , small raised purple rash , compensated liver PLT (low) , bilirubin (high) , ALT & AST (high) , INR (high) , complement (low) > Cryoglobulinemia
504. 65 elder bleeding bowel resection , 3 unit of blood 1st time 4 hours , unwell , fever , chills , dry cough > T related lung injury
505. 78 female 3 month worse back pain , CBC: Hb 10 , blood film rouleaux formation moderate impaired renal function , suspected myeloma , -ve urine protein and serum electrophoresis. Which is True > She may have myeloma free light chain
506. 14 female fever last week , pale unwell , CBC: neutropenia , RBC & Plt (normal) , no BM abnormality , no organomegaly > Overwhelming bacterial infections
507. 68 female chronic lymphatic leukemia , 4 years no BM failure with no manage , follow up: Hb (low) 7.8 , MCV 112 , Plt 21 , lymphocytes 43 , retics 12 > Combo's test
508. 23 female thalassemia poor managed , suspected iron overload , ferritin (high) , HbA1C (high) , corrected serum ca (low) , serum po4 (high) , CT brain: bilateral symmetrical calcifications in basal ganglia and cerebellum > Hypoparathyroidism
509. 8) 50 type 2 diabetes , lab test: HbA1c 7.9 , A/cr 90 , BP 140/90 no start of medication. What is correct > ACE or ARBs
510. 58 male CKD reflux nephropathy , tired , fatigue , BP 140/70 , started ACE inhibitors 1 year ago , cr 3.5 , plasma cr 3.2 , k 5 , urea 99 , po4 4.9 , ca 9.1 , Hb 9.4 , ferritin normal > Recombinant erythropoietin
511. 10) 70 recent fatigue , cr 10 , GFR 10 , K 5.9 , anuria last 24 hours , BP 160/90 , LL edema , elevated JVP , basal crepitations , US: bilateral shrunken kidneys > Start hemodialysis
512. 42 diabetic , routine check up GFR 32 , after 3 months GFR 35 , A/cr 35 > G3 A3
513. 12) 24 diabetic weakness , Na 135 , K 2.8 , CL 100 , anion gap 30 , CO2 30 > High anion gap metabolic acidosis with respiratory acidosis

514.60 old male hematuria, back pain, +ve family history, renal failure, hypertensive, **bilateral renal mass (polycystic) > US**

515.36 HTN, BP 150/90, K 2.5, Hco3 30 > Conn's syndrome

516.36 male arthralgia 2 years, pain stiffness in fingers and toes, NSAID relieve, Examination: symmetrical joint swelling **warm pitting in finger nails > Psoriatic arthritis**

517.76 male total joint arthroplasty, 24 years RA, DMARD, examination: **bilateral ulnar deviation, extension in spine, painful limited flexion of finger**, x ray, CBC, cr **> X Ray cervical**

518.41 intermittent pain, cyanosis, cold, she don't smoke, she wear gloves and clothes to maintain temperature, BP 125/70, HR 88, skin normal, radial and ulnar pulses normal **> Amlodipine**

519.24 **female lupus 5 years**, low dose prednisone, hydroxychloroquine, rash, arthralgia, azathioprine, tacrolimus ointment, **cushinoid**, HR 75, Hb (1st 12 then it became 9.5), WBC (1st 4300 then it became 1600), Plt 135 **> Azathioprine induced**

520.70 male COPD cough, dyspnea, worse ABG, PH 7.32, Po4 7, Co2 8, Hco3 34 **> Chronic respiratory acidosis**

521.50 admitted infected, exacerbation of asthma respond to ttt, test of aspergillus in sputum was -ve, IgE (high) **> No change in medications**

522.30 male 6 months worse dyspnea, cup sputum, wheezing with any viral infection, 25 cigarette for 4 years, work in a factory **> Bronchiectasis**

523.65 dyspnea worsen 3 months, AF long standing, marivian (warfarin). Amiodarone, pulse 100, o2 sat 90, JVP no raised, bilateral crepitation, pulmonary function restrictive **> Amiodarone induced interstitial lung disease**

524.65 emphysema, worsening dyspnea, Lt side pleurisy, chest pain, Lt side pneumothorax, partial lung collapse **> Chest tube**

525.34 ulcerative colitis, microscopic hematuria, nasal congestion, +ve PANCA. What is true? **> +ve ANCA is probably due to ulcerative colitis**

526. 25) 65 COPD, FEV1 (low than 25%), **admitted 6 times to hospital** of excacerbation **> Tiotropium**

527.70 non small cell lung cancer, investigations done and proved lung cancer. What is contraindicated to surgery? **> Horner's syndrome**

528.70 male, dyspnea, large **Rt side pleural** effusion, protein 65 g/dl **> Mesothelioma**

529.75 COPD, persistent neck swelling, LL edema, PHN, O2(low), Co2(normal), Hco3(normal). What should be done? **> Hypoxia oxygen overnight saturation monitoring**

530.40 male, **HIV**, dyspnea, X Ray: **bilateral interstitial lung markings**, O2 decrease with move or walking **> Co trimoxazole**

531.16 **cystic fibrosis**, X Ray: Rt lower zone consolidation. Which antibiotics would you use? **> Ceftazidime**

532. healthy 18 male, fever, fatigue, sore throat, T 38.5, exudate tonsils, LNs cervical enlarged, rash **> EBV infectious mononucleosis**

533.32 physician accidentally stick his finger in HIV patient, secere pneumonia ??? **> 0.03%**

534. nurse, needle stick, HBV +ve > Ig & 1st dose of HBV vaccine

535.58 female, 8 hrs worse abdominal pain, located RUQ with tenderness, no hematemesis or melena, fever, tachycardia **> Colycystitis**

536.28 bilateral kidney transplantation, polycystic, dialysis, tacrolimus, **trimethoprim, sulfa methoxazole > Pneumocystitis jirovici**

537.46 confusion, Rt sided weakness, valvular lesion, mitral regurgitation **> -ve coagulase staph**

538.60 male diabetic, insulin, ulcerated vesicle on mouth after common cold **> HSV 1**

539.68 visit, smoke, according to US standards. What does he benefit? **> Abdominal US for AAA**

540.58 female neighbor comatozed, no diet in fridge, poor hygiene, mini mental test 24 **> Pseudo dementia**

541. Ulcer & whitish & excaudate ..... candida

542. Epigastric pain & (pancratitis) ..... amylase & lipase or MRI

543. A pregnant woman in the 10th week ..... pregnant induced cholestasis

544. واحد عملولو clips & GU يعملولو ايه تانى Endoscopic biopsy

545. UC & bleeding ..... lead pipe



546. A man has liver cirrhosis .... Shistosoma  
 547. إيه اللي بتشوفه ف. Hepatitis B .... HbsAg  
 548. SBP ..... Ceftriaxone IV  
 549. Ototoxicity .... Streptomycin  
 550. A 32 female has itching & pruritis (ppc) .... AMA  
 551. Jaundice & joint pain ..... Hemochromatosis  
 552. Creatinine 3 time in 2 day ..... Hepatorenal syd  
 553. Obstructive jaundice .....  
 554. 60 year old female has cooshipahon .... CT  
 555. African male 14 y has increased induced bilirubin .... Crescent shape RBCs  
 556. Acute diarrhea & jaundice ... Hepatitis A  
 557. Viral load .... Virus C  
 558. Painless & movable .... S.c nodule  
 559. Heart failure .... BNP  
 560. Hypertension..... stage 2  
 561. White coat hypertension ..... ambulatory blood pressure  
 562. Alpha methyl dopa  
 563. B blocker (clobidogrel & aspirin) دوا مش هينفع نستخدمة  
 564. Female HR = 250 PBM & regular .... White plasmon wolf syd SVT OR VTAC  
 565. 2 Major .... Cardiths polyasmths  
 566. Infective endocarditis & dental extraction .....  
 567. Allergic to penicillin ... clindamycin  
 568. STEMI ... thrombolytic &  
 569. Man has Heart failure systolic or diastolic ... TT  
 570. Systolic murmur ... mitral regurgate  
 571. Localized mid diastolic murmur ... (ventricle or ant wall ) rupture  
 572. Pain on excretion reduced by rest ... stable angina  
 573. A man has chest pain on the ECHO .... Repeat ECG normal  
 574. Case of pulmonary embolism  
 575. Fever ..... pneumonia  
 576. 20 year man ..... asthma  
 577. Night sweating .... TB  
 578. Bronchiectasis .... HR CT  
 579. ICS & Mucolytic discharge ... case of bronchiectasis  
 580. واحد عندها هوا ف. lung inserted chest tube & lung examination  
 581. Pleural effusion .... Serous effusion  
 582. Severity of CAP □ CURB (age > 65 systolic <90 Urea > 8 RR >30 confusion) Score 0:5  
 583. Type 1 respiratory failure □ Hypoxia  $po_2 < 8k$   
 584. Type 2 respiratory failure □ Hypoxia  $Po_2 < 8k$  / Hypercapnea  $Pco_2 > 6,5k$   
 585. TB Drugs and side effect, 2 month INH, Rifampin, Ethambutol, Pyrazinamide  
 586. Aspergilosis □ amphotrcin B  
 587. CAP □ Oral amoxicillin  
 588. Aspiration Pneumonia □ IV cefexime Metronidazole  
 589. Shaking and chills □ Ciprofloin oral  
 590. PT □ Extrinsic pathway (Warfarin, Liver disease, Vit k deficiency)  
 591. PTT □ Intrinsic Pathway (Von willbrand, Heparin, VII IX XI XII)  
 592. CML □ 9:22  
 593. Jak2 mutation not a feature of □ CML  
 594. HUS □ hemolytic anemia thrombocytopenia renal failure  
 595. Monitor effect of coagulation □ INR  
 596. Typical bleeding of hemophilia □ Joint bleeding  
 597. Heparin □ P  
 598. Macrocytic anemia + retics >12 □ Comp's test +ve □ autoimmune hemolytic anemia  
 599. Auer rods hypo granular neutrophil □ acute myelitic leukemia  
 600. Asthma □ salbutamol and beclomethazone next step is □ increase beclomethone  
 601. Rash on face and scalp □ VZV □ oral acyclovir  
 602. Rash on penis and testis □ herpes □ oral acyclovir  
 603. Lesion on penis ulcer □ primary syphilis -> procaine Penicillin  
 604. Neck stiffness □ meningitis □ benzyl penicillin  
 605. Teacher □ Camping trip □ Lyme disease

606. Bangladesh □ maculopopular rash on trunk □ typhoid
607. Septic arthritis □ N.gonnrea on child S.arues on elder
608. Multiple ring enchaining lesion □ toxoplasmosis
609. 70 years old with recurrent persistent vomiting and kidney failure K 6,6 □ Urgent Dialysis
610. 50 years old DM review lab test HbAc 7.2 not taking any medication albumin/creatinine (high or 90 ratio msh faker) ratio □ Start with ACE/ARB
611. 58 years old DM progressive CKD taking ACE normal protein intake regarding his proteinuria what should you do □ restrict his protein dietary intake
612. Profuse watery diarrhea for 3 month □ Villous adenoma
613. Protein with jaundice for 2 month no physical exam AST & ALT are normal total bilirubin is increased direct type and Alkaline increased what investigation □ CT Abdomen
614. So2al fe mowafy
615. He reflect symptoms exaggerated after taking drug product that show symptom of malabsorption □ Hydrogen Level
616. Which of the following plasma level is below normal □ Urea
617. Recent exposure to alcohol and no other finding what is the best strategy for pancrease screening □ Lipase & Amylase
618. Patient with Ascites & Edema what should you do □ Paracentesis
619. Patient with no finding except he is +ve for bilirubin in urine □ Dubin Johnson
620. 18 years old Rt L Q abdominal pain tenderness on palpitation for few hours and fever 38 □ Laparotomy
621. Constipation + straining problem for many years □ hydration for Dietary fibers
622. Chest pain no cardiac cause sensation of stitching pain on eating both solid and fluids □ Diffuse Eso Spasm
623. Heartburn for 10 years change of epithelium from squamous to columnar on endoscope □ Repeat endoscope after 12 months
624. Cirrhosis & massive hematemesis he is hemostable and still bleeding □ Band ligation
625. Which of the following regarding biliary cirrhosis is correct □ haga kda is frequent with biliary cirrhosis
626. Typical angina chest pain
627. Central SQ pain + many factors of CAD which is unmodified factor □ Familial
628. >2hours with ST dep which marker will be increased □ Troponin
629. Cardiac MRI? 1ry PCI?
630. Rapid regular palpitation and 90/60 ECG show Narrow QRS □ SVT
631. Chronic renal failure on dialysis orthopnea + LL edema + Dyspnea what investigation should you perform □ ECHO
632. 60 outpatient with short of breath on mild effort gave history of white sticky cough CXR show cardiomegaly what to exclude? □ Pneumothorax
633. Fever + arthralgia + pan systolic murmur his knee join has swelling and renal failure □ fleeting arthritis
634. Unintentional movement of chorea □ late manifestation of chorea
635. Patient lesa 3amel 2astra and cardiac echo reveal s3 + Bilateral basal crepitation □ Diuretics
636. 65 marked shortness of breath lasted for 1 year with pan systolic murmur □ MR
637. 60 years old checking BP what is the stage to confirm hypertension □ >140/90
638. Antihypertensive med of female □ ask for ambulatory
639. Pregnant with LL edema and heart problem □ Labetalol
640. 17 years loss of conscious while playing football and there was difference in pulse □ Cortication of Aorta
641. Cholescystectomy, spleen, normo novo □ osmotic fragility test
642. Chest pain ,crisis ???
643. Hydroxy urea ???
644. Dna based test factor 5
645. TTP exchange ???
646. 9-22
647. Bacterial contamination
648. Normal saline ???
649. Peritoneal dialysis (mate3melosh fel 3elag increase k)

650. Urgent hemodialysis  
651. Ckd, ace, ttt erythropoietin  
652. Bilateral enlarged kidney  
653. Metabolic acidosis  
654. Anion gap=21  
655. Indo methicin  
**656. Atlanto axial**  
657. Polymyositis increase ck  
658. Renal biopsy(sle) ???  
**659. Osteoarthritis(osteophytes)**  
660. Confusion  
661. High resolution ct  
662. Bronchiectasis  
663. Copd  
664. Tube drainage  
665. Pneumonia(bronchial breathing)  
666. Restrictive(fev/fvc=95%)fvc fev1 > 60  
667. Spirometry  
668. Scoliosis  
669. Kartagener  
670. Isonzide  
671. Pneumonia  
672. Cystitis  
673. E coli ???  
674. Endocarditis  
675. Tb meningitis  
676. Group a streptococcus  
677. Ace level  
678. Hepatitis a (ig contacts classroom)  
679. Radioactive iodide  
680. Factitious  
681. Bisphosphonate  
682. Abuse insulin  
683. Glicazide  
684. Growth hormone  
685. Prolactinoma  
686. Hydrocortisone  
687. Heterophil antibody  
688. Lewy body dementia  
689. Metastatic small lung cancer swelling arm and leg + plethoric face + shortness of breath -- SVC obstruction  
690. Female abdominal operation ten days ago had acute shortness of breath - CT pulmonary angiography  
691. Isoniazid 500  
692. Calcium oxalate stone --- increased fluid intake  
693. Tetanus 500  
694. Post GN 500  
695. Old age dementia recurrent aspirate pneumonia and decrease intake of feeding and low requirement nutrition how to feed --- hand feeding  
696. Behcet disease - 500  
697. INR 2-3 -500  
698. S. aureus 500  
699. Annual influenza + pneumococcal 5 years vaccination of COPD  
700. Polycystic kidney --- abdominal US  
701. Anticardiolipin 500  
702. Felty syndrome 500  
703. CML - compass test 500  
704. Pulmonary fibrosis 500  
705. Metastatic lung cancer + chemo + 3 weeks after have infection - blood culture  
706. Left pneumothorax 500

707. Mild persistent asthma - low steroid + SABA as needed  
 708. Acute tubulointerstitial nephritis 500  
 709. Microcytic anemia heavy menses ..... Feritin  
 710. 31 woman unconscious fragmented RBCs.....TTP  
 711. Hg 9.7 ,Aptt normal,fibrinogen normal,FEV1 0.62, FEV2 0.64 .....Idiopathic pulmonary fibrosis  
 712. COPD,Hemoptysis .....urgent referral for imaging  
 713. x-ray .....Massive pleural effusion  
 714. student expiriment ,spiking fever,splenomegaly... typhoid  
 715. HIV,blotches.....Kaposi sarcoma  
 716. Raised cpk,muscle pain (rhabdomyolysis).... Hemodialysis  
 717. Hematuria on urine analysis (no.55 in bank)... cystoscope  
 718. Proximal muscle weakness relived by steroid.....polymyositis  
 719. SLE.....Anti DsDna  
 720. Benign prostatic hyperplasia.....dribbling hesitancy  
 721. Severe pain in big toe +response to Nsaid .... GOUT  
 722. Visual hallucination+parkinsonism.....lewybody demntia  
 723. Teacher hoarsness of voice .....Laryngoscope  
 724. Raised ALE.....Sarcoidosis  
 725. Polycythemia vera +chemo ....Hyperuricemic nephropathy  
 726. Recoverd from throat infection ..... IGA nephropathy  
 727. Minmal change,effacement of podocytes....oral Predisolne  
 728. History Of TB opacity in right upper lung field surrounded air .....Aspergillma  
 729. gout, big toe , tender swollen, initial management of acute case= oral endomethan  
 730. buttock rash = henocholeoin purpura  
 731. arm tenderness, temporal artery tender = ESR  
 732. fever, unconscious, hemolysis, fragment RBC= TTP  
 733. pancytopenia, hypocellulur in bone marrow= aplastic anemia  
 734. diabetics, HCV compensated , decrease complement and painful rash = cryoglobenimia  
 735. test of fall in eldery = time up and go  
 736. 56 years old, cough expectoration with foul smell odour, heart burn , crackles and upper lobe defect in the lung = ( ampicillin, clindamycin, ciprofloxacin, doxycycline,trimesopriine and sulpha)  
 737. female 21 years old , +ve of blood and leukocytes in urine, taking trimethoprim and no response to treatment= ( good posture syndrome, chlamydia,urethral syndrome, renal stone  
 738. fever, not response to paracetamol, bleeding from gum, aeur body = acute myeloid leukemia  
 739. 79 years old, pain in left knee.....= in x-ray , reduced joint space and subchondial sclerosis and bone cyst  
 740. splinter hge , janeway lesion , nodules □ endocarditis  
 741. lorry driver ,40 y, chronic smoker , 2y chronic cough □ chronic bronchitis  
 742. smoker , dyspnea ,copious sputum of offensive odor □ bronchiectasis  
 743. tachypnea, ph-> alkaline ,decreased Pco2 ,decreased pO2 □ hyperventilation Syndrome  
 744. tachypnea, ph-> alkaline , decreased Pco2 ,decreased pO2 and wheezes □ acute asthma  
 745. FEV1 decreased , FVC decreased , residual vol. decreased , KCO 103% (increased),DLCO increased , □ (kyphoscoliosis , bronchiectasis ,CF , asthma)  
 746. recurrent chest infec , mucopurulent copious sputum , chronic cough , dyspnea, to investigate □ spiral CT  
 747. ph->acidic , Pco2 increase , PHco3->decrease □ metabolic acidosis  
 748. child, of acute chest pain in right side , x-ray was done -> hyper translucence and no shifting of mediastinum □ pneumothorax  
 749. pulm. func test of COPD  
 750. 2Q □ of pulmonary embolism , galaplag el CP , and ask for inv  
 751. 40y, pallor , splenomegaly □ hereditary spherocytosis  
 752. +ve coombs test , anemia , IgG increased □ AIHA  
 753. Heinz bodies □ G6PD def

754.auer rods □ AML

755.70 y , FH of osteoporosis , back pain , high Ca and Phos , high albumineuria □ MM

756.one side of diaphragm of hodgiken lymphoma(cervical) □ stage 2

757.philadilphea chromosome □ CML

758.giant platelet with hyponucleated neutrophil □ (Myelo prolif. Or megakaryocyte)

759.alcoholic □ thiamine deficiency

760.poly thycemia rubra vera,HB level very high □ (bone marrow trephine or increased red cell mass )

761.hospitalized for elective surgery , antibiotic for 2 week , echymyosis , prlonged PT □ vit K deficiency

762.prolonged PT □ fresh frozen plasma

763.diagnosed as factor V leiden □ protein C resis

764.patient on omeprazole ,bleeding disorder □ (ITP or drug induced TT or TTP or feh egabah kman we hya el sah )

765.60y , anemia , bone ache and on ibuprofen □ PNH

766.HB A2 increased □ thalassemia trait

767.macroctosis , old age □ folate def.

768.case of iron def anemia

769.HIV -> pneumonia manifest □ pneumosistis jivorici

770.HIV attack □ (CD4 or T helper cell )

771.HIV , thoraco abdominal rash of severe pain , TTT□ acyclovir

772.coming from Bangladesh , diarrheea , (travellar diarrhea ) □ ciprofloxacin

773.erysipelas with penicillin allergy □ macrolid(erythromycin)

774.pneumonia antibiotic TTT (kan feha IV vancomycin + oral haga )

775.female ,supra pubic pain , afebrile (no fever) □ cystitis

776.2days of watery diarrhea followed by bloody yesterday with no fever □ (campylobacter or Ecoli or noro virus )

777.ototoxic drug □ streptomycin

778.India ... malaria

779.Women with increase Alp and her age 17 y ...Case pregnant

780.Female pregnant 14 wand Bp160/110 ... Diagnose essential hyper tension

781.female 17 y jaundice and abdominal pain and increase direct bilirubin Case.. Pregnant

782.patiant 17 y nephritic syndrome case ... Minimal change glomerulonephritis

783.case infection answer cellulitis

784.sportman with high body mass ... Do urine analysis found increase GFR ... Cause increase S1

785.trianst problem in brain ... Investigation cerebral angiography

786.chronic diarrhea ... Cause Giardia

787.Glibert syndrome

788.patiant Cardiac disease will do cystoscopy What are prophylaxis .....No Medication .

789.patiant ... old age with pneumonia due to air condition ... Organism ... legionella

790.neonate +pneumonia after eye infection ... Organism chlamydia

791.patiant take hyper tension medication ... Bp 130\60 ... Answer no change in the doses

792.sever watery diarrhea after travel ... Organism cholera

793.TTT of hyoid cyst ..... Metronidazole

794.ttt of hemoreghic cyst.

795.adverse effect of Tb medication

796.spirolactone. Adverse effect gynecomastia

797.Patient with ascites not respond for medication

798.Contraindication drugs .... NSAIDs. Due to salt water retention

799.marker of heart failure Bnp

800.step wise approach of bronchial asthma

801.female 21 y +DVT

802.suspect meningitis ..start treatment empirically

803.Us ...for polycystic kidney

804.plumonery embolism ...الصورة هتطلع normal

805.patiant with arrthymia per day... ECG monitoring

806.patant with glomeronephrietis improve by cortisol ... Case. Minimal change glomeronehritis

807.patiant with infective valve ... Before dental operation. No medication



808. patient with poly cystic kidney ... Want to screen his sister by US  
 809. patient with brown casts in urine ... Cause acute tubular necrosis  
 810. adverse effect of nitro glycerol ... Answer tolerance  
 811. Heinz bodies ... G6PD  
 812. 17 dysnea ... bronchial asthma ... Diagnosis Spirometry  
 813. Pneumonia ... Bronchial breathing ... TTT ceftriaxone / Amoxicillin + Erythromycin  
 814. Most common cause of Pneumonia Strept pneumoniae  
 815. Smoker ... COPD .. pH < 7.2 ... TTT Mechanical ventilation  
 816. Severe COPD ... ttt LABA and LAMA  
 817. Bronchiectasis ... large amount of sputum ... Diagnosis by high resolution CT ... TTT postural drainage  
 818. TB ... INH + Rifam + ethambutol + pirazinamide for 4 months  
 819. INH ... peripheral neuritis / Rifam ... red discoloration / Ethambutol ... optic neuritis  
 820. O2 therapy if PaO2 < 55 \ Saturation < 85% \ 55- 60 + pulmonary HTN or CHF or Polycythemia

Question
<p>• Cardiovascular</p>
<p><b>1. A 68-year-old lady presents with dyspnea on walking. She is taking furosemide and aspirin for her ischemic heart failure treatment. She has a blood pressure of 165/90. Which of the following is the most appropriate medication to add?</b></p> <ol style="list-style-type: none"> <li>Atenolol</li> <li>Enalapril ***</li> <li>Increase furosemide dose</li> <li>Isosorbide mononitrate</li> <li>Spironolactone</li> </ol>
<p><b>2. A 40-year-old African patient attended your clinic for follow-up. His blood pressure is 150/90 mm Hg despite lifestyle changes for more than two months. Examination was unremarkable. His investigations were within normal. Which is the drug of choice for this patient?</b></p> <ol style="list-style-type: none"> <li>ACEI</li> <li>Alpha blockers</li> <li>ARBs</li> <li>Beta blockers</li> <li>Calcium channel blockers *</li> </ol>
<p><b>3. A 72-year-old female, is not controlled on a once-daily combination pill containing atenolol 50 mg and hydrochlorothiazide 25 mg. Her blood pressure is 170/110. You had added 5 mg of lisinopril, and her creatinine rises from 1.1 to 1.9. What do you suspect?</b></p> <ol style="list-style-type: none"> <li>Atherosclerotic renal artery stenosis***</li> <li>Hyperaldosteronism</li> <li>Hypertensive nephrosclerosis</li> <li>Nonadherence</li> <li>Pheochromocytoma</li> </ol>
<p><b>4. A 35-year-old male consults you about vague chest pain he developed while sitting at his desk earlier in the day. The pain is right-sided and was sharp for a brief time when it began, but it rapidly subsided. There was no hemoptysis and the pain does not seem pleuritic. His physical examination, EKG, and oxygen saturation are unremarkable. A chest film shows a mild right pneumothorax (&lt; 10%). Which one of the following should you do next?</b></p> <ol style="list-style-type: none"> <li>Admit the patient to the hospital for observation</li> <li>Admit the patient to the hospital for chest tube placement</li> <li>Obtain a repeat chest radiograph in 24-48 hours *</li> <li>Obtain an expiratory chest radiograph</li> </ol>

e. Order D-dimer test

5. A **78-year-old** male attends your clinic for a well-care visit. He has 2 sons, but they are married and he lives alone. He has **ischemic heart** disease on long acting **nitrate and aspirin**. When you ask him about his adherence to treatment, he says that he is becoming **forgetful**. He can perform the basic activities of daily living, such as bathing and eating, but he is **facing difficulties in managing money and using the telephone**. What is the most appropriate action?

- a. Arrange an interview with the care givers \*
- b. Reassurance
- c. Referral to the hospital
- d. Referral to psychiatrist
- e. Referral to a geriatric home

6. You are seeing a **43-year old** hypertensive patient well controlled with **hydrochlorothiazide**. His BP is 120/80 mmHg. His laboratory evaluation reveals a normal creatinine and a GFR greater than 90mL/min and **micro albuminuria**. Which of the following interventions is indicated in this patient?

- a. Change to angiotensin-converting enzyme (ACE) inhibitor \*
- b. Check glycosylated hemoglobin level (HbA1c)
- c. Commend him on his excellent
- d. Increase his hydrochlorothiazide dose
- e. Repeat serum creatinine

7. You are evaluating a **71-year-old** male patient with **shortness of breath mainly with exertion**. He also complains of fatigue and orthopnea. On examination, you noticed **congested neck veins, fine basal crackles with decreased breath sounds**. Which of the following would be the most appropriate treatment?

- a. Bronchodilators
- b. Antibiotics
- c. Steroids
- d. Anticoagulants
- e. Diuretics \*

8. A **60-year-old** man had an **anterior myocardial infarction 3 months** ago. He currently is **asymptomatic** and has normal vital signs and a normal physical examination. He is on an antiplatelet agent and an ACE inhibitor. What other category of medication would typically be prescribed for **secondary prevention of myocardial infarction**?

- a. Alpha-blocker
- b. Beta-blocker \*
- c. Calcium-channel blocker
- d. Nitrates
- e. Naproxen sodium

9. You are seeing a **49-year old** man with a known history of **hypercholesterolemia** and **hypertension** who has had recent complain of **chest pain**. It is **not associated with activity but will occur intermittently throughout the day**. Which of the following is the best to describe his case?

- a. Atypical angina \*
- b. Cardiac neurosis
- c. Classic angina
- d. GERD
- e. Non-angina pain

10. An anxious young woman who is **taking birth control pills** presents to the

emergency room with **shortness of breath**. The absence of which of the following would make the diagnosis of pulmonary embolus unlikely?

- a. Wheezing
- b. Pleuritic chest pain \*
- c. Tachypnea
- d. Hemoptysis
- e. Right-sided S3 heart sound

**11. A 60-year-old male patient on aspirin, nitrates, and a beta blocker, being followed for chronic stable angina, presents to the ER with a history of two to three episodes of more severe and long-lasting anginal chest pain each day over the past 3 days. His ECG and cardiac enzymes are normal. The best course of action of the following is to**

- a. Admit the patient and begin intravenous digoxin
- b. Admit the patient and begin intravenous heparin \*
- c. Admit the patient and give prophylactic thrombolytic therapy
- d. Admit the patient for observation with no change in medication
- e. Discharge the patient from the ER with increases in nitrates and beta blockers

• **Respiratory**

**12. A 60-year male, is an established COPD patient, who is used to smoke 2 pack of cigarette per day for 14 years. He is on treatment and his breathing is improved. He presents three months later and has noticed blood in his sputum. Examination of his oral cavity and chest are normal. What is the most appropriate management?**

- a. Cease medications as hemoptysis is side effect
- b. Give antibiotic
- c. Increase dose of medication
- d. Observe for one month to see if his symptoms resolve
- e. Urgent referral to chest imaging and assessment \*

**13. A 6-week-old child develops increased respiratory rate and a non-productive cough. Physical examination is significant for rales and rhonchi. The past medical history for the child is positive for an eye discharge at 3 weeks of age, which was treated with a topical antibiotic drug. The most likely organism causing this child's condition is**

- a. Neisseria gonorrhoeae
- b. Staphylococcus aureus
- c. Group B streptococcus
- d. Chlamydia trachomatis \*
- e. Herpesvirus

**14. A 45-year-old teacher presents with a 3-month history of hoarseness that is not improving.**

**The most appropriate management at this time would be**

- a. Azithromycin
- b. Laryngoscopy \*
- c. Trial of inhaled corticosteroids
- d. Trial of a proton pump inhibitor
- e. Voice therapy

**15. You have just diagnosed mild persistent asthma in a 13-year-old female. Along with patient education, your initial medical management should be**

- a. Short-acting inhaled  $\beta$ -agonist to be used only as needed
- b. Long-acting inhaled  $\beta$ -agonist daily

- c. Low-dose inhaled corticosteroid daily, along with a short-acting inhaled  $\beta$ -agonist as needed \*
- d. Low-dose inhaled corticosteroid daily, along with a long-acting inhaled  $\beta$ -agonist daily
- e. Montelukast (Singulair) daily

**16. A 55-year-old male has a 3-month history of chronic shortness of breath and dyspnea on exertion. His physical examination is unremarkable except for 1+ ankle edema bilaterally and a soft systolic murmur. A stress echocardiogram is normal. Pulmonary function tests are normal except for a low diffusing capacity of the lung for carbon monoxide (DLCO). Which one of the following conditions should be considered in this patient?**

- a. Asthma
- b. Chronic pulmonary thromboembolism
- c. Emphysema
- d. Hypersensitivity pneumonitis
- e. Interstitial lung disease \*

**17. While making rounds on the rehabilitation floor of your hospital, you see a 62-year-old female who was recently transferred from the acute-care section of the hospital where she was admitted for uro-sepsis. She is a liver-transplant recipient and her specialist has been tapering her immunosuppressive drug regimen for the last 2 months. According to the nursing staff the patient became hypoxic suddenly and had a low-grade fever and cough. You note that she looks ill and uncomfortable and has an increased respiratory rate. A chest radiograph reveals diffuse bilateral interstitial infiltrates. Which one of the following is the most likely diagnosis?**

- a. Pneumococcal pneumonia
- b. Pneumocystis pneumonia \*
- c. Pneumothorax
- d. Pulmonary tuberculosis
- e. Staphylococcal pneumonia

**18. A 62-year-old female presents to your office with diarrhea and signs and symptoms of dehydration. She has a temperature of 38.6°C and a WBC count of 17,000/mm<sup>3</sup> (N 5,300-10,800). You admit her to the hospital, and a Clostridium difficile toxin assay is positive. Because of the severity of her infection, you initiate oral vancomycin, 125 mg 4 times daily. She has a poor clinical response and you decide to alter the antibiotic regimen to include intravenous coverage. Which one of the following intravenous antibiotics would be most appropriate?**

- a. Ciprofloxacin
- b. Imipenem/cilastatin
- c. Meropenem
- d. Metronidazole \*
- e. Vancomycin

#### • Neurology

**19. A 63-year-old man presents with a three-month history of tremors affecting his arms. His two brothers also had tremors. On examination, he had resting tremors of his hands, with rigidity of that arms and he had a mild generalized bradykinesia. What is the most likely diagnosis?**

- a. Benign essential tremors
- b. Drug-induced Parkinsonism
- c. Idiopathic Parkinson's disease \*
- d. Huntington's chorea
- e. Wilson's disease

**20. A 30-year-old man presents with a 12-month history of headaches. He describes it as severe and sudden onset around his right supraorbital and temporal region associated with watery eyes and a blocked nose. The attacks last about 1-2 hours, occurring daily for a week. He experiences this phenomenon every 3-4 months. In between the attacks he is asymptomatic. The history of this patient suggests the diagnosis of:**

- a. Chronic glaucoma
- b. Cluster headache \*
- c. Migraine
- d. Tension headache
- e. Trigeminal neuralgia

**21. A 22 years old woman complains of s severe unilateral throbbing headache accompanied by emesis and photophobia. She has a history of "bad headaches" and states that her mother and sister also had "headache problems". The patient takes no medications, is afebrile, and other than being moderately uncomfortable, has a normal physical examination. The most likely diagnosis is:**

- a. Tension headache
- b. Sinusitis
- c. Meningitis
- d. Migraine headache \*
- e. Referred headache

**22. On corneal light reflex testing of 4-year-old child, the light reflex in the patient's right eye is in the center of the pupil. In the left eye it is located below the pupil, over the inferior-lateral portion of the iris. This clinical finding is associated with a congenital palsy of which one of the following cranial nerves?**

- a. Third
- b. Fourth \*
- c. Fifth
- d. Sixth
- e. Seventh

**23. A patient has a left facial droop. His nasolabial fold is flattened. When asked to smile, the left corner of his mouth droops. He is unable to keep his cheeks puffed out. Eye closure is only slightly weaker compared to the right and his forehead wrinkles when he is asked to look up high. What is the diagnosis?**

- a. Bell's palsy
- b. Cerebellar pontine angle tumor
- c. Left internal capsule stroke
- d. Parotid gland tumor
- e. Right middle cerebral artery occlusion \*

**24. A 39-year-old alcoholic man, who works as a painter, presents with burning pain in both feet, which has deteriorated over the last six months. On examination he is pale and has impairment of all modalities of sensations in both feet as well as absence of both ankle jerks. What is the most likely diagnosis?**

- a. Alcoholic peripheral neuropathy \*
- b. Chronic inflammatory demyelinating polyradiculopathy
- c. Hereditary sensory neuropathy.
- d. Lead neuropathy
- e. Vitamin B12 deficiency

**25. A 45-year-old diabetic male, has normal tone, 5/5 power, normal plantars and proprioception. However, you notice that the patient does not respond to**



**any sensory stimulus on the medial side of the right lower leg. Which dermatome is affected?**

- a. L1
- b. L2
- c. L3
- d. L4 \*
- e. L5

**26. A 36-year-old woman presents to clinic with neurological symptoms. On examination, she is able to stand with her feet together. Upon closing her eyes, however, she is unable to keep her balance. What is the diagnosis?**

- a. Alcohol abuse
- b. Cerebellar problem
- c. Diabetes
- d. Proprioceptive problem \*
- e. Visual problem

**27. A 50-year-old woman has two-week history of acute and progressive difficulty in walking and weakness in her arms. There is proximal and distal limb weakness which is more marked, in the legs than the arms. All tendon reflexes including the plantar responses were flexor. There was no sensory loss. Blood pressure was 140/80 mmHg supine and 110/70 mmHg on standing. What is the most likely diagnosis?**

- a. Cervical cord compression
- b. Guillain-Barre syndrome \*
- c. Myasthenia gravis
- d. Polymyalgia rheumatica
- e. Polymyositis

**28. A 25-year-old lady has developed weakness, double vision and tiredness especially at the end of the day. Examination reveals bilateral weakness of eye abduction, bilateral ptosis, slightly reduced proximal motor power in the limbs, normal reflexes and sensations. What is the diagnosis?**

- a. Chronic progressive external ophthalmoplegia.
- b. Guillain-Barre syndrome.
- c. Multiple sclerosis.
- d. Myasthenia gravis. \*
- e. Polymyositis

**29. You test a patient's muscle strength and find that his maximum performance consists of the ability to move with gravity neutralized. This qualifies as which grade of muscle strength, on a scale of 0 to 5?**

- a. 0
- b. 1
- c. 2 \*
- d. 3
- e. 4

**30. A 66-year-old woman complains of stiffness and weakness on climbing stairs. She has a history of hypertension and diabetes. There is mild upper arm weakness, hip flexion is 4/5 bilaterally, with bilateral wasting and fasciculation in the quadriceps. Knee extension is 4/5. Dorsiflexion and plantar flexion are strong. There is brisk knee and ankle reflexes and positive Babinski's sign. Sensory examination and cranial nerves are normal. What is the most likely diagnosis?**

- a. Diabetic neuropathy
- b. Motor neurone disease \*
- c. Multiple sclerosis (MS)
- d. Myasthenia gravis

e. Myositis

**31. A 60-year-old male is referred with episodes of severe vertigo which may last up to 4 hours, associated with vomiting and sweating. On examination, during an attack, he is noted to have nystagmus together with mild right-sided deafness. Which one of the following is the most likely diagnosis?**

- a. Acoustic neuroma
- b. Benign positional vertigo
- c. Labyrinthitis
- d. Meniere's disease \*
- e. Vertebrobasilar ischaemic attacks

**32. A 20-year-old female presents with seizures. She had flu-like symptoms 3 days prior. One day before the seizure she was confused and had abnormal behavior. On examination the patient is comatosed, with a fever of 39°C. She has a pulse of 100/min and a blood pressure of 130/70 mmHg. A CT head was normal. CSF examination shows no organisms, white cell count of 350/mm<sup>3</sup>, mostly lymphocytes, protein concentration of 2.3 g/L and glucose of 55 mg/dL. What is the most likely diagnosis?**

- a. Disseminating sclerosis
- b. Epilepsy
- c. Herpes simplex encephalitis \*
- d. Meningococcal meningitis
- e. Tuberculous meningitis

**33. A 19-year-old woman collapsed. She has tonic-clonic seizure lasting 2 minutes. When she was asked questions, she mumbled but no-one could understand what she was saying. When pressure was applied to her nailbed, she opened her eyes and reached out with her other hand to rub her nail and then pushed him away. What is her Glasgow Coma Scale?**

- a. 12
- b. 11
- c. 10
- d. 9 \*
- e. 8

• Endocrine & Diabetes

**34. In a patient with symptoms of thyrotoxicosis and elevated free T<sub>4</sub>, the presence of thyroid TSH receptor site antibodies would indicate which one of the following as the cause of thyroid gland enlargement?**

- a. Graves' disease \*
- b. Hashimoto's (lymphadenoid) thyroiditis
- c. Subacute (giant cell) thyroiditis
- d. Toxic adenoma
- e. Toxic multinodular goiter

**35. A 36-year-old female presents with a several-week history of polyuria and intense thirst. She currently takes no medications. On examination her blood pressure and pulse rate are normal, and she is clinically euvolemic. Laboratory tests, including serum electrolyte levels, renal function tests, and plasma glucose, are all normal. A urinalysis is significant only for low specific gravity. Her 24-hour urine output is >5 L with low urine osmolality. The most likely cause of this patient's condition is a deficiency of**

- a. aldosterone
- b. angiotensin II
- c. arginine vasopressin \*
- d. insulin
- e. renin

**36. A 30-year-old woman is found to have a low serum thyroxine level after being evaluated for fatigue. Five years ago she was treated for Graves' disease with radioactive iodine. The diagnostic test of choice is**

- a. Radioactive iodine uptake
- b. Serum T<sub>4</sub>
- c. Serum T<sub>3</sub>
- d. Serum TSH \*
- e. TRH stimulation test

**37. An 81-year-old male with type 2 diabetes mellitus has a hemoglobin A of 10.9%. He is on the maximum dosage of sulphonylurea. He has mild renal insufficiency and moderate ischemic cardiomyopathy. Which one of the following would be the most appropriate change in this patient's diabetes regimen?**

- a. Add metformin
- b. Add sitagliptin
- c. Add pioglitazone
- d. Initiate insulin therapy \*
- e. Shift to glibenclamide

**38. 13-year-old girl presented to ER by abdominal pain and repeated vomiting. On examination, she is drowsy, dehydrated with funny smell of her breath. Abdominal examination revealed mild tenderness with audible intestinal sounds. What is your diagnosis?**

- a. Diabetic ketoacidosis coma \*
- b. Hepatic failure
- c. Intestinal obstruction
- d. Non ketotic hyperosmolar coma
- e. Renal failure

**39. A 42 years old female presented with 5 months History of Nausea, vomiting & malaise. Her laboratory investigation revealed hyponatremia with high creatinine level. What is your provisional diagnosis?**

- a. Addison's disease. \*\*\*
- b. hypervolemia because of the vomiting
- c. hypothyroidism.
- d. Pheochromocytoma
- e. SIADH

**40. A newly diagnosed 34-year-old female with type 2 diabetes. Her hemoglobin A1C was 7.2% at diagnosis. 3 months after using metformin 1000 mg twice daily, her blood pressure was 100/70 mm Hg, HbA1C 6% and microalbuminuria screen was positive. Which of the following help to decrease end stage renal disease in this patient?**

- a. Initiate therapy with ACE \*
- b. Intensify diabetes management to more blood glucose control
- c. Limit dietary carbohydrate intake
- d. Limit dietary protein intake
- e. Refer to nephrology

**41. A 19-year-old student presents with a neck swelling. On examination the swelling moves up with swallowing and protrusion of the tongue. The swelling is?**

- a. Follicular carcinoma
- b. Lymphoma
- c. Papillary carcinoma
- d. Simple goiter
- e. Thyroglossal cyst \*

- GIT & Hepatology

**42. A 35-year-old female presents with 3 months of heartburn. She also complains of regurgitation, belching, and occasional dry cough. Her symptoms are worse when she lies down. She denies melena, weight loss, or dysphagia. What is the appropriate next step?**

- Obtain a barium swallow
- Obtain an ambulatory pH study of the esophagus.
- Obtain an esophageal manometry.
- Therapeutic trial with a proton pump inhibitor \*
- Perform an esophagogastroduodenoscopy

**43. A 30-year-old housewife presents with chronic persistent diarrhea for 6 weeks. Which of the following symptoms would MOST suggestive of a pathological cause of her diarrhea?**

- More than 3 episodes of diarrhea per day
- Having a sensation of active bowel movement
- Nocturnal diarrhea with 2-3 episodes after sleep\*\*\*
- Abdominal pain
- Similar episodes 2 years ago

**44. A male heavy smoker develops increasing difficulty in swallowing gradually over six months. Constriction of the mid-esophagus is seen on x-ray of barium swallow. The most likely diagnosis is:**

- achalasia
- hiatal hernia
- Mallory-Weiss syndrome
- pulsion diverticulum
- squamous cell carcinoma\*\*\*

**45. A 21-year-old student presents with a cramping diffuse abdominal pain associated with passage of mucus per rectum. Her pain improves on passing flatus. Investigations are normal. The most likely diagnosis is?**

- Anal fissure
- Carcinoma of sigmoid colon
- Chron's disease
- Irritable bowel syndrome \*
- Ulcerative colitis

**46. A 62-year-old man presents with rectal bleeding and a year's history of left iliac fossa pain and change in bowel habit. There is no weight loss. Most probably he has**

- Anal fissure
- Crohn's disease
- Diverticulosis \*
- Mallory-Weiss tear
- Ulcerative colitis

**47. A 60-year-old man complains of tiredness and significant weight loss. He notes episodes of rectal bleeding with blood mixed in with the stool over the last few weeks. There is no diarrhea. The most likely diagnosis is?**

- Anal fissure
- Colonic carcinoma \*
- Diverticulosis
- Haemorrhoids
- Ulcerative colitis

**48. A 42-year-old woman presents to your office complaining of abdominal**

**pain. She describes upper abdominal pain that radiates to her scapula. For which of the following is this description classic?**

- a. Acute appendicitis
- b. Esophageal spasm
- c. Gallbladder disease \*
- d. Gastroesophageal reflux disease
- e. Pancreatitis

**49. A 22-year-old male college student presents with 2 months of worsening tenesmus associated with frequent stools that are mixed with blood and mucus. He is afebrile and has no other signs of systemic illness. Initial blood and stool testing is normal apart from mild anemia. What is the most possible diagnosis?**

- a. Cancer colon
- b. Diverticulosis
- c. Infectious diarrhea
- d. Inflammatory bowel disease \*
- e. Irritable bowel syndrome

**50. A 66-year-old male sees you for follow-up after a recent hospitalization for his second episode of diverticulitis in the past 3 years. He is currently in excellent health and takes no daily medications except for occasional acetaminophen for arthritis pain. His physical examination is unremarkable except for a BMI of 19.0 kg/m<sup>2</sup>. He asks you about preventing further recurrences of his diverticulitis. You suggest that he do which one of the following?**

- a. Lose weight
- b. Increase his dietary fiber intake \*
- c. Stop acetaminophen use
- d. Avoid eating nuts, corn, or popcorn
- e. Avoid high-impact aerobic exercise

**51. A 52-year-old female with morbid obesity is incidentally noted to have mildly elevated AST (SGOT) levels. She does not consume alcohol and denies using recreational drugs. A workup for chronic viral hepatitis and hemochromatosis is negative. Which one of the following is most likely to improve her hepatic condition?**

- a. Pentoxifylline
- b. Simvastatin
- c. L-carnitine
- d. Vitamin E
- e. Weight loss \*

**52. A 52-year-old Chinese man with chronic hepatitis C presents with abdominal pain and new ascites. Ultrasound of the liver reveals enlarged liver, and portal vein thrombosis. The most likely diagnosis is:**

- a. Acute flare of hepatitis
- b. Hepatocellular carcinoma\*\*\*
- c. Outflow obstruction and congestion
- d. Superinfection with hepatitis A
- e. Superinfection with hepatitis D

**53. A 42-year-old male with a history of intravenous drug use is tested for hepatitis C. The hepatitis C virus (HCV) antibody enzyme immunoassay and recombinant immune-blot assay are both reported as positive. The quantitative HCV RNA polymerase chain reaction test is negative. These test results are most consistent with**

- a. Current active HCV infection
- b. Chronic HCV infection



- c. False-positive antibody test
- d. Past infection with HCV that is now resolved \*
- e. Very early HCV infection.

• **Renal**

**54.** An **84** old female is brought for a **3-day history of fever** up to **38.7°C**. She is **fussy** and her oral intake is down. She has no rash, no emesis, and no diarrhea. Her urine output is normal. On examination she is alert but fussy. Her rectal temperature is **38.4°C**. The examination is otherwise normal and there are no focal findings of infection. Which one of the following tests is most likely to be helpful in this situation?

- a. A CBC with manual differential
- b. A urinalysis and urine culture \*
- c. A chest radiographs
- d. C-reactive protein
- e. A lumbar puncture

**55.** A **55-year-old** male with **diabetes mellitus** is found to have **asymptomatic microscopic hematuria**. The rest of his urinalysis is negative. He has no other medical problems and quit **smoking 10 years** ago. His only medication is **metformin**. A **urine culture is negative** and his **renal function is normal**. **CT urography is also negative**. Which one of the following should be the next step in the evaluation of his microscopic hematuria?

- a. Urine cytology
- b. Cystoscopy \*
- c. Repeat Urine analysis
- d. Stopping metformin and performing a repeat urinalysis
- e. Antibiotic therapy

**56.** Which one of the following is the most likely cause of **acute kidney injury** in a patient with **eosinophiluria**?

- a. Rhabdomyolysis
- b. Poststreptococcal glomerulonephritis
- c. Acute interstitial nephritis \*
- d. Ethylene glycol poisoning
- e. Tumor lysis syndrome

**57.** A **25-year-old primigravida** at 20 weeks of her pregnancy is found to have **Bacteriuria** on urine test. She is **asymptomatic**. The appropriate next step will be:

- a. Commence with antibiotic treatment \*
- b. Delay treatment until after delivery
- c. Reassurance without treatment.
- d. Repeat urine test at term
- e. Ultrasonography of her kidneys

**58.** A **52-year-old** female with **diabetes mellitus** and **stage 3 chronic kidney disease**. Her estimated glomerular filtration rate of 56 mL/min. Which of the following medications should she **avoid** to prevent further deterioration in her renal function?

- a. Lisinopril (Prinivil, Zestril)
- b. Folic acid
- c. Low-dose aspirin
- d. Candesartan (Atacand)
- e. Ibuprofen \*

**59.** Which one of the following is a common cause of **pre-renal acute kidney injury**?

- a. Acute tubular necrosis
- b. Diuretic overuse \*
- c. Glomerulonephritis
- d. Neurogenic bladder
- e. Prostate hypertrophy

• **Hematology**

Hematology  
Hematology

**60. A female patient was admitted the previous day with epistaxis. Her blood investigations:**

- **Prothrombin time Unaffected**
- **Partial thromboplastin time Prolonged**
- **Bleeding time Prolonged**
- **Platelet count Unaffected**

**What is the most likely diagnosis?**

- a. Bernard Soulier syndrome
- b. Factor V deficiency
- c. Glanzmann's thrombasthenia
- d. Von Willbrand disease \*
- e. Warfarin therapy

**61. A 38-year-old gravida 2 para 0 abortus 2 has deep-vein thrombophlebitis in the past 2 years and had spontaneous second-trimester abortions at the ages of 34 and 36. Platelet count is 189,000/mm<sup>3</sup> - Prothrombin time 12.0 sec (N 10.0-12.5) - INR 1.1 - Activated partial thromboplastin time 52 sec (N 35 - 45).**

**There is no family history of bleeding disorders and the evaluation is completely normal. The most likely diagnosis is**

- a. antiphospholipid antibody syndrome \*
- b. chronic liver disease
- c. factor VIII deficiency (hemophilia A)
- d. protein C deficiency
- e. von Willebrand disease

**62. A 14-year-old girl has fever for the last week. The patient looks pale and unwell. Blood tests reveal a neutropenia with normal red blood counts (RBCs) and platelets. A bone marrow exam reveals no abnormalities. The patient has been otherwise fit and well. There is no organomegaly or lymphadenopathy.**

**The most likely diagnosis is:**

- a. Acute lymphoblastic leukaemia
- b. Acute myeloid leukaemia
- c. Aplastic anaemia
- d. Overwhelming bacterial infection \*
- e. Thrombotic thrombocytopenic purpura

**63. A 47-year-old teacher complains of difficulty in concentrating at work. She has become increasingly tired and easily fatigued. It becomes more difficult to lift books, rise from her chair. She has also tingling sensation in her fingers.**

**Examination shows a positive Babinski sign and absent reflexes. CBC:**

**Hemoglobin 10 g/dL and MCV 103 fL (↑). The most likely diagnosis is:**

- a. Alcohol toxicity
- b. Folic acid deficiency
- c. Hypothyroidism
- d. Liver disease
- e. Vitamin B12 deficiency \*

**64. A 21-year-old woman is being evaluated for fatigue. Further history reveals weakness, exercise intolerance and a craving for chewing ice that has occurred over the last few weeks. Laboratory analysis reveals a hemoglobin of 8.7 g/dL.**

**What is the likely cause of her anemia?**

- a. Lead
- b. Iron deficiency \*
- c. Chronic disease
- d. Vitamin B-12 deficiency
- e. Folic acid deficiency

**65. A 70-year-old woman has been in long-standing poor health, with severe diabetes mellitus and rheumatoid arthritis. Her physician notes that she appears pale and orders a hematocrit, which shows a result of 35%. Examination of the blood smear reveals a microcytic anemia. The physician is considering a differential diagnosis of iron deficiency anemia versus anemia of chronic disease. Which of the following laboratory determinations would be most helpful in distinguishing these conditions?**

- a. Erythrocyte / granulocyte ratio in bone marrow
- b. Presence or absence of poly-chromatophilic target cells
- c. Presence or absence of stippled erythrocytes
- d. Serum ferritin\*\*\*
- e. Serum iron

**66. A 30-year-old asymptomatic worker visits you for pre-employment assessment. He has a sister who is diagnosed with chronic anemia. This is his blood test results: Hemoglobin 9.5 - White cell count 5,000 - Platelets 160,000 - Serum Ferritin 35 (12-200 µg/L) & Peripheral Blood film: Hypochromic, microcytic, anisocytosis with some target cells. The most appropriate next step is:**

- a. Hemoglobin electrophoresis\*\*\*
- b. Lower GIT endoscopy
- c. Request for Serum Folate level
- d. Request for Serum Iron level
- e. Upper GIT endoscopy

**67. A 34-year-old man complains of severe fatigue, that he has to go to bed shortly after arriving home from work. He denies any abdominal pain or change in bowel habits but does describe persistent heartburn. His hemoglobin level is 11.4 g/dL (normal, 14-17 g/dL), mean corpuscular volume is 67 mm<sup>3</sup> (normal, 80-95 mm<sup>3</sup>), and ferritin level is 8.4 µg/L (normal, 15-200 µg/L). Despite treatment with a proton pump inhibitor, his heartburn persists, and he is referred for upper gastrointestinal (GI) endoscopy. This does not reveal any abnormality or a bleeding site. An esophageal biopsy is consistent with "mild esophagitis. An air contrast barium enema reveals a fullness and distention of the right cecum. What should the next step in management be?**

- a. Perform a flexible sigmoid examination as his upper endoscopy and barium enema examinations should provide adequate visualization of the rest of the GI tract
- b. Reassure Him That He Is Not Bleeding from His GI Tract Since His Stool Samples Tested Negative for Blood
- c. Reassure the Patient That He Has Iron Deficiency Anemia and Treat Him with Iron Supplementation
- d. Refer Him for Colonoscopy with Particular Attention to The Cecum \*
- e. Refer to CT abdomen

**68. A 46-year-old male presents to your office with fatigue for the past 2 months. He does not abuse alcohol. He denies any other blood loss. His family history is irrelevant. He admits he does not have a good diet. Vital signs are: BP =135/85, pulse =70 beat/minute. Physical examination is unremarkable except for mild pallor. Stool is negative for occult blood. Laboratory test results are: Hb =9.2 g/dl, Hct =27.6, MCV =117 fl. ECG is normal. The patient is started on folic acid and 4 weeks later presents with a hemoglobin level of**

10 g/dL. However, he reports a new “**pins and needles**” sensation in his distal toes and fingers. Which of the following is the underlying cause of the patient’s current symptoms?

- a. Glucose intolerance.
- b. Inadequate treatment with folic acid.
- c. Iron deficiency.
- d. Peripheral neuropathy from diabetes mellitus.
- e. Vitamin B12 deficiency. \*

69. A **29**-year-old woman complains of **tiredness**, especially during activity. On examination the patient appears **pale**. The patient is referred for a **bone marrow biopsy** and the extracted cells are sent for cytogenetic analysis. The most likely results are:

- a. t(14;18)
- b. t(15;17)
- c. t(8;21)
- d. t(8;14)
- e. t(9;22) \*

70. A woman with **BO** positive blood and her partner with **AB** positive blood have a child together. Which of the following cannot be the child’s blood type?

- a. AA positive \*
- b. AB positive
- c. AO positive
- d. BB negative
- e. BB positive

• **Infection**

71. A **40**-year-old man presents with a one-month history of **hemoptysis**. He is a non-smoker. He has also been having **fever** and **night sweats**. Chest x-ray shows **cavity in the right upper zone**. What is the most likely diagnosis?

- a. Pneumocystis pneumonia
- b. Post-primary tuberculosis \*
- c. Primary tuberculosis
- d. Sarcoidosis
- e. Small cell carcinoma of the lung

72. A **23**-year-old woman has returned from **India** 1 day ago, presents with **profuse watery diarrhea**. This started suddenly and stool is **profuse and colorless**. She is unable to quantify the number of times she has opened her bowels. On examination her pulse is 110 bpm. Cardiorespiratory and gastrointestinal examination are unremarkable. What is the most likely diagnosis?

- a. Cholera \*
- b. Food poisoning
- c. Pseudo membranous colitis
- d. Salmonellosis
- e. Shigellosis

73. A **51**-year-old man presents with a **lesion on his forearm**. He has spent the past three months travelling around **South America** and returned home 3 days ago. His lesion is present for a few weeks. On examination, there is a **3 × 3 cm erythematous ulcer on the left forearm with a raised edge**. What is the most likely diagnosis?

- a. African trypanosomiasis
- b. Cryptosporidiosis
- c. Herpes zoster
- d. Leishmaniasis \*

e. Schistosomiasis

**74. A 74-year-old man presents with extreme pain in the left knee. On examination, his temperature is 39°C and the knee is swollen and hot. He is unable to move the joint due to pain. The joint is aspirated and the patient is admitted and started on intravenous antibiotics. What is the most likely causative organism?**

- a. Haemophilus influenzae
- b. Mycobacterium tuberculosis
- c. Neisseria meningitidis
- d. Neisseriae gonorrhoeae
- e. Staphylococcus aureus \*

**75. A 42-year-old man presents with 'blotches' over his legs. He has been HIV positive for ten years. On examination, there are multiple purple and brown papules over his legs and his gums. What is the most likely diagnosis?**

- a. Basal cell carcinoma
- b. Kaposi's sarcoma \*
- c. Malignant melanoma
- d. Squamous cell carcinoma
- e. Toxoplasmosis

**76. An 82-year-old female in a local nursing home has fever, difficulty in breathing, and a cough productive of purulent sputum. The patient is found to have an oxygen saturation of 86% on room air and a chest radiograph shows a new infiltrate. A decision is made to hospitalize the patient. Which one of the following intravenous antibiotic regimens would be most appropriate for this patient?**

- a. Ceftriaxone and azithromycin
- b. Ceftazidime and levofloxacin
- c. Ceftazidime and vancomycin
- d. Ceftazidime, levofloxacin, and vancomycin \*
- e. Levofloxacin

**77. A healthy 24-year-old male presents with a sore throat of 2 days' duration. He reports mild congestion and a dry cough. On examination his temperature is 37.2°C. His pharynx is red without exudates, and there are no anterior cervical nodes. His tympanic membranes are normal, and his chest is clear. Which one of the following would be most appropriate at this point?**

- a. A rapid strep test
- b. A throat culture and empiric treatment with penicillin
- c. Analgesics and supportive care only \*
- d. Augmentin
- e. Azithromycin (Zithromax)

**78. A 25-year-old male presents to your office after recently being diagnosed with HIV infection at the health department. You obtain blood work and note that his CD4+ count is 180 cells/mm<sup>3</sup>. This patient should receive prophylaxis against which one of the following opportunistic infections?**

- a. Histoplasma capsulatum
- b. Microsporidiosis
- c. Mycobacterium avium-intracellulare complex
- d. Pneumocystis \*
- e. Toxoplasma gondii

**79. A 21-year-old male college student presents to the emergency department with a 2-day history of fever, severe muscle and joint pain, nausea, and vomiting. He spent his winter break traveling to red sea and returned 4 days ago. On examination he has a temperature of 39.4°C, gingival bleeding, lower**



**extremity non-pitting edema, right upper quadrant tenderness, a diffuse maculopapular rash, muscle tenderness, and petechiae on his extremities.** WBCs 3100/mm<sup>3</sup> (N 4300-10,800), Neutrophils **40%** (N 45-75), Lymphocytes **50%** (N 16-46) Bands 1% (N 0-5), Hematocrit 50.0% (N 37.0-49.0), Platelets 75,000/mm<sup>3</sup> (N 150,000-350,000), Thick and thin blood smear negative, AST (SGOT) **100** U/L (N 10-40), ALT (SGPT) **120** U/L (N 7-30), Total bilirubin 1.0 mg/dL (N 0.0-1.0), Albumin 3.5 g/dL (N 3.1-4.3) & Creatine phosphokinase **500** U/L (N 60-400). Which one of the following is the most likely diagnosis?

- a. Dengue fever \*
- b. Hepatitis A
- c. Influenza
- d. Typhoid fever
- e. Yellow fever

**80. A 38-year-old female presents to the emergency department with an acute onset of fever of 39.4°C, chills, and rapidly progressive right lower extremity redness.** Shortly after she arrives she complains of **right lower extremity pain and a bright red skin discoloration from her ankle to her right knee.** She is also noted to have a heart rate of **123** beats/min and a WBC count of **22,000/mm<sup>3</sup>.** When selecting an empiric treatment for this patient, which one of the following organisms should you be most concerned about?

- a. Candida albicans
- b. Chlamydia trachomatis
- c. Mycoplasma hominis
- d. Group A Streptococcus \*
- e. Trichophyton rubrum

**81. A 4-year-old female is treated at a local urgent care center with amoxicillin for acute pharyngitis.** Several days after starting treatment her initial symptoms resolve. When she is 8 days into the 10-day course of her antibiotic treatment she returns to your office because she has developed a **diffuse erythematous maculopapular rash** starting on her torso and extending to her proximal extremities. Which one of the following is the best course of action at this time?

- a. Continue the amoxicillin and begin prednisone and diphenhydramine (Benadryl)
- b. Continue the amoxicillin and change the diagnosis to scarlet fever
- c. Discontinue the amoxicillin and change the diagnosis to infectious mononucleosis
- d. Discontinue the amoxicillin and change the diagnosis to viral exanthem
- e. Discontinue the amoxicillin and note amoxicillin as a potential allergy in her record \*

**82. A 70-year-old man has a 2-day history of worsening generalized headache and increasing disturbed conscious.** He now complains of **stiffness in his neck.** On physical examination vital signs were T **38.7 °C**, pulse 85/minute, respiratory rate **23/minute**, and blood pressure 130/85 mmHg. CBC reveals WBC count of **16,850/microliter.** Blood glucose level was 88 mg/dL. Lumbar puncture yields **cloudy cerebrospinal fluid** with glucose of 32 mg/dL, protein 146 mg/dL, and cell count of 3800 WBCs (95% PMNs and 5 % mononuclear) and 122 RBCs. He received antibiotic therapy and improved. Which of the following complications is most likely to occur in this case?

- a. Cerebral infarction
- b. Cerebellar tonsillar herniation
- c. Encephalitis
- d. Hydrocephalus \*
- e. Subdural hematoma

**83. A 25-year-old woman, who has recently returned from holiday in Africa, presents to accident and emergency with a 7-day history of fevers, sweats, headache, malaise and lethargy. On examination, her temperature is 39°C. A diagnosis of malaria is suspected. What is the investigation of choice to confirm the diagnosis?**

- a. Blood cultures
- b. Full blood count
- c. Paul-Bunnell test
- d. Thick and thin blood films \*
- e. Ziehl-Nielsen stain

**84. A 30-year-old woman aid worker, who has returned from a trip to Haiti 1 day ago, presents to accident and emergency with profuse watery diarrhoea. This started suddenly and she describes her stool as being profuse and colourless. On examination her pulse is 120 bpm. What is the most appropriate treatment?**

- a. Codeine phosphate
- b. Oral azithromycin
- c. Rehydration with intravenous fluids \*
- d. Rehydration with oral rehydration fluids plus metronidazole
- e. Rehydration with oral rehydration solutions

**85. A 35-year-old man presents to his GP with diarrhoea, abdominal pain and nausea. He says he his stools have been pale and he has felt persistently bloated. His symptoms started 6 weeks ago while on a surfing holiday in Peru. What is the most likely diagnosis?**

- a. Coeliac disease
- b. Cryptosporidiosis
- c. Enterotoxigenic E. coli gastroenteritis
- d. Giardia \*
- e. Salmonella

**86. A third year medical student fails to use proper disinfection techniques in carrying out his microbiology experiment. Two weeks later, he has spiking fevers and cramping abdominal pain with diarrhea. On physical examination his temperature is 38.8°C, pulse 90 bpm, respiratory rate 20/minute, and blood pressure 100/60 mm Hg. He has a palpable spleen tip and diffuse abdominal pain without masses. Laboratory studies show a WBC count of 2330/microliter, Hgb 13.8 g/dL, and platelet count 282,000/microliter. Which of the following organisms he was most likely using in his experiment?**

- a. Aspergillus niger
- b. Entameba histolytica
- c. Shigella flexneri
- d. Clostridium difficile
- e. Salmonella typhi \*

**87. A 19-year-old medical student presents to his GP during fresher's fortnight. He is complaining of neck stiffness, headache and sensitivity to light. On examination, a non-blanching, petechial rash is observed on the trunk. What is the most appropriate immediate management?**

- a. Administer 1.2 g of intramuscular benzylpenicillin \*
- b. Give 200 mg of erythromycin
- c. Send him home with advice to rest and return if the symptoms worsen

- d. Send the patient to accident and emergency immediately
- e. Take a full set of blood tests

**88. A 51-year-old man presents to accident and emergency with a lesion on his forearm. He mentions that he has spent the past three months travelling around South America and only returned home 3 days ago. While his lesion has been present for a few weeks he was reluctant to see a doctor in South America. On examination, there is a 3 × 3 cm erythematous ulcer on the left forearm with a raised edge. What is the most likely diagnosis?**

- a. African trypanosomiasis
- b. Cryptosporidiosis
- c. Herpes zoster
- d. Leishmaniasis \*
- e. Schistosomiasis

**89. A 24-year-old man presents to accident and emergency with fevers, lethargy, myalgia and a cough. He has also developed an itchy rash on his feet. He returned home from a charity trip to Malawi last month and is worried he might have malaria. On examination, a papular rash is noted around his feet and there is a palpable liver edge. Initial blood tests show a raised white cell count with an eosinophilia. What is the most likely diagnosis?**

- a. African trypanosomiasis
- b. Influenza
- c. Leishmaniasis
- d. Malaria
- e. Schistosomiasis \*

**90. A 26-year-old Bangladeshi man presents to accident and emergency with a 1-week history of fever, headache, malaise and dry cough. He returned to the UK 2 weeks ago, having spent his summer in Bangladesh. On examination, his temperature is 39°C and a patchy maculopapular rash is seen over his trunk. On examination of the abdomen, there is splenomegaly. Blood tests reveal a low white cell count. What is the most likely diagnosis?**

- a. Cholera
- b. Malaria
- c. Primary syphilis
- d. Tetanus
- e. Typhoid \*

• Rheumatology

**91. A 43-year old obese patient comes to your office with a painful, inflamed, swollen base of the thumb. He reports that the pain begun suddenly last evening, without a known precipitant or trauma. Which of the following is the most likely the cause?**

- a. Gout \*
- b. Osteoarthritis
- c. Rheumatoid arthritis
- d. Septic arthritis
- e. Stress fracture.

**92. A 70-year-old woman has history of vertebral crush fractures. Which of the following investigations is most useful to assess the extent of her condition?**

- a. DEXA scan \*

- b. Full blood count, bone and liver biochemistry blood tests
- c. MRI scan
- d. Spinal x-rays
- e. Vitamin D levels

**93. A 45-year-old woman presents to the rheumatology outpatient clinic with a three-month history of stiff hands and wrists. She mentions that the pain is particularly bad first thing in the morning. On examination, the wrists, metacarpophalangeal joints and proximal interphalangeal joints are swollen and warm. Which of the following investigations is most specific for confirming the diagnosis?**

- a. Anti-citrullinated peptide antibody (anti-CCP) levels \*
- b. C-reactive protein
- c. Erythrocyte sedimentation rate
- d. Rheumatoid factor levels
- e. X-rays

**94. A 55-year-old man presents to his GP with a 2-week history of pain in his hands. The pain is particularly bad in his right hand. On examination, brown discoloration of the nails with onycholysis is noted and the distal interphalangeal joints are tender on palpation. What is the most likely diagnosis?**

- a. Dermatomyositis
- b. Osteoarthritis
- c. Psoriatic arthritis \*
- d. Reactive arthritis
- e. Rheumatoid arthritis

**95. A 20-year-old man presents to accident and emergency with sudden onset pain in the right eye, with associated blurred vision and discomfort when gazing at the lights. He has a history of chronic back pain. What is the most likely cause of his eye pain?**

- a. Acute glaucoma
- b. Anterior uveitis \*
- c. Conjunctivitis
- d. Corneal ulceration
- e. Retinal detachment

**96. A 55-year-old woman presents to her GP with shortness of breath and dry cough. The symptoms began a few months ago and have progressed. She has a past medical history of rheumatoid arthritis, diagnosed ten years earlier. On respiratory examination, there are bi-basal fine inspiratory crackles on auscultation. What is the most likely cause of her symptoms?**

- a. Consolidation
- b. Intrapulmonary nodules
- c. Pleural effusions
- d. Pulmonary fibrosis \*
- e. Pulmonary oedema

**97. A 30-year-old woman presents to accident and emergency with worsening stiffness in the hands, wrists and feet. She mentions that the pain has been particularly bad in the mornings. On examination, there is a palpable spleen. Initial blood tests reveal a low neutrophil count and a raised C-reactive protein. The most likely diagnosis is:**

- a. Felty's syndrome \*
- b. Infectious mononucleosis
- c. Reactive arthritis
- d. Serum sickness
- e. Still's disease

**98. A 67-year-old man presents with long history of pain in his pelvis. He mentions that his head appears larger than before. In addition, he has noticed deterioration in hearing in his left ear. On neurological examination, a left-sided sensorineural deafness is detected. Legs reveals bowing of the tibia. What is the most likely diagnosis?**

- A. Acromegaly
- B. Osteomalacia
- C. Osteoporosis
- D. Paget's disease \*
- E. Ricketts

**99. A 23-year-old woman presents to accident and emergency with a purpuric rash over the buttocks and lower limbs. She has hematuria. She finds it difficult to move due to pain in her ankles and knees. What is the most likely diagnosis?**

- a. Behçet's disease
- b. Ehlers-Danlos syndrome
- c. Henoch-Schönlein purpura \*
- d. Perthes' disease
- e. Still's disease

**100. A 30-year-old man presents with oral ulcers, genital ulcers. On examination, there are aphthous ulcers in the mouth, genital ulceration, erythema nodosum over the shins. A skin pathergy test is positive. What is the most likely diagnosis?**

- a. Behçet's disease \*
- b. Berger's disease
- c. Caplan's syndrome
- d. Henoch-Schönlein purpura
- e. Lyme disease

**101. A 27-year-old woman is complaining of sudden onset shortness of breath and right-sided pleuritic chest pain. She has three miscarriages and a deep venous thrombosis in the right leg. Pulse is 110 bpm, respiratory rate is 24 /minute and oxygen saturation is 88 % on room air. What is the diagnostic investigation of choice?**

- a. Chest x-ray
- b. CT pulmonary angiogram \*
- c. D-dimer
- d. ECG
- e. Full blood count

**102. A 32-year-old man is complaining of back pain. It started suddenly after he had lifted a heavy box. The pain has been shooting down his left leg and he cannot walk without the support. He has not passed urine since the onset of pain. The lower limbs, tone and power cannot be assessed due to pain but there are decreased ankle reflexes and a sacral anesthesia. What is the most appropriate next step?**

- a. Arrange urgent MRI of spine \*
- b. Give NSAID analgesia and catheterize the patient
- c. Give NSAID analgesia and complete neurological examination
- d. Send the patient home with NSAID analgesia and avoid heavy lifting
- e. Send the patient home with NSAID analgesia and bed rest advice

• Geriatric & adult health maintenance

**103. A disheveled 89-year-old male with dementia who relies on a caregiver for bathing, dressing, shopping, and meal preparation is brought in for continued**



evaluation of **weight loss**. No medical cause has been found at this point. On examination a **large purplish bruise** is noted over his **posterior leg** and a **more faded greenish-yellow bruise** is noted over his **abdomen**, which his caregiver explains by saying that he has **fallen several times recently**. The patient is also noted to have a large **sacral decubitus ulcer**. Which one of the following should you suspect as the cause of bruising in this patient?

- a. Senile purpura
- b. Thrombocytopenia
- c. Leukemia
- d. Elder abuse \*
- e. Cushing syndrome

**104. A 55-year-old G2P2 woman for a routine check-up; her last check-up was 3 years ago. She has smoked about half a pack of cigarettes per day for the past 25 years. She has no family history of cancer. Breast examination reveals no masses. Mammography from 3 years ago shows no suspicious masses. A Pap smear from 3 years prior showed no atypical cells. What is the most appropriate next step in management?**

- a. Endometrial biopsy
- b. Mammography\*
- c. Measure cancer antigen-125 level
- d. Transvaginal ultrasound
- e. X-ray of the chest

**105. A 45 year old healthy man presents to periodic check-up examination clinic. He has no family history of intestinal polyposis or GIT malignancy. Which one of the following represents an optimal screening strategy for colorectal cancer?**

- a. Colonoscopy every 5 years
- b. Computed tomographic colonography every 10 years
- c. High-sensitivity fecal occult blood test (FOBT) every 2 years
- d. Sigmoidoscopy every 5 years with high-sensitivity FOBT every 3 years \*
- e. Sigmoidoscopy every 5 years

**106. Which one of the following is the greatest risk factor for abdominal aortic aneurysm (AAA)?**

- A. African American race
- B. Cigarette smoking \*
- C. Diabetes mellitus
- D. Female gender
- E. Hypertension

**107. A 60-year-old man presents to your office inquiring about prostate cancer screening. Choose the correct statement:**

- a. PSA is the gold standard test for prostate cancer screening.
- b. PSA should be checked annually starting at 50 years of age to screen for prostate cancer.
- c. PSA can produce false-positive results, which is associated with negative psychological effects. \*
- d. Men who have false-positive test are less likely to have additional testing.
- e. The USPSTF recommends PSA testing to screen for prostate cancer at age 60.

**108. A 68-year-old patient is seen for a general examination. Current recommendations for immunizations include**

- a. Hepatitis booster every 5 years
- b. Influenza vaccination yearly \*
- c. Meningococcal vaccination
- d. Pneumococcal vaccination yearly
- e. Tetanus booster every 5 years

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